

Prescription medicine I am taking regularly or as needed:

Name of Medication and Dose:	Directions:
What it's for:	
What it's for:	
What it's for:	
What it's for:	
What it's for:	
What it's for:	

Non-prescription medicine I am taking regularly or as needed:

Name of Medication and Dose:	Directions:
What it's for:	
What it's for:	
What it's for:	
What it's for:	

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**Joseph R Nemeth DDS
& Associates**



Personal Medication Record

Conditions I am being treated for:

Allergies and Drug Sensitivities:

Address _____

Doctor's Name _____

Doctor's Phone No. _____

Pharmacist's Name _____

Pharmacist's Phone No. _____

My blood pressure is _____ Date _____

My cholesterol is _____ Date _____