Stewart & Arango
ORAL, FACIAL & IMPLANT SURGERY

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Suite 235
Dallas, Texas 75225

Name: _____ **Date:** _____

MEDICATIONS

Are you taking or have you ever taken any of the following:	**YES**	**NO**
Bisphosphonates? Used to treat osteoporosis or breast cancer; for example: Boniva, Fosamax, Actonel, Zometa, Xgeva, Prolia	☐	☐
Anticoagulants? For example: Coumadin, Warfarin, Aspirin, Plavix, Xarelto	☐	☐

Medications: Please list below any medications you are taking.

Internist Physician Name: _____ **Phone #** ( ) _____-_____

Name of Drug:	Strength:	Times per day: