Please detail in this section any drugs, tablets, medicines, prescriptions, etc. that you are taking currently or have taken recently:

Drug	Dose
.....	.....
.....	.....
.....	.....
.....	.....
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.....	.....
.....	.....
.....	.....
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.....	.....

Notes

Please bring your repeat prescription with you at your next visit, if you have a number of medications

Signed:..... Patient/Parent/Carer Date:.....

Signed:..... Dentist Date:.....

The details given above have not changed/have been altered correctly:

Signed:..... Patient/Parent/Carer Date:.....

Signed:..... Dentist Date:.....

Signed:..... Patient/Parent/Carer Date:.....

Signed:..... Dentist Date:.....

Signed:..... Patient/Parent/Carer Date:.....

Signed:..... Dentist Date:.....

Signed:..... Patient/Parent/Carer Date:.....

Signed:..... Dentist Date:.....

Signed:..... Patient/Parent/Carer Date:.....

Signed:..... Dentist Date:.....

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Signed:..... Dentist Date:.....

Signed:..... Patient/Parent/Carer Date:.....

Signed:..... Dentist Date:.....