



# Periodontal Associates of Long Island

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## Medication List

The doctors and staff at Periodontal Associates of Long Island would like to welcome you to our office. We believe in providing you with the best possible care. In order to do that we need a complete medical and medication history. There are many systemic diseases and medications that can affect your periodontal and dental health. Please fill out this medication form and our health questionnaire. If you need help one of our staff members will assist you.

Please list all prescription and non prescription drugs taken.

Circle One

Name of drug	Reason for taking	Dosage	Prescribed by	Prescription / Non-Prescription
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- |     |       |       |       |        |
|-----|-------|-------|-------|--------|
| 1.  | _____ | _____ | _____ | P   NP |
| 2.  | _____ | _____ | _____ | P   NP |
| 3.  | _____ | _____ | _____ | P   NP |
| 4.  | _____ | _____ | _____ | P   NP |
| 5.  | _____ | _____ | _____ | P   NP |
| 6.  | _____ | _____ | _____ | P   NP |
| 7.  | _____ | _____ | _____ | P   NP |
| 8.  | _____ | _____ | _____ | P   NP |
| 9.  | _____ | _____ | _____ | P   NP |
| 10. | _____ | _____ | _____ | P   NP |

Do you take Aspirin daily?

Circle one   **YES**   **NO**

Are you allergic to any medication?

Circle one   **YES**   **NO**

**Allergic to:**

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_