Northeast Georgia ENT, Head and Neck Surgery
Winder ENT
John R. Simpson, D.D.S., M.D., F.A.C.S.

MEDICATION RECORD

Patient's Name: _____ D.O.B.: _____ Gender: _____

Drug Allergies: _____

Ever had allergic reactions to Dental Anesthesia (Novacaine)? ☐ Yes ☐ No

Latex Allergies: Yes No

Pharmacy:_____Location:_____Phone:_____

Today's Date	Medication	Dosage

Today's Date	Medication	Dosage