

# Lyons Family Dentistry

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(609)298-8309

## Medical History Medications, Surgeries & Illnesses

Patient Name:

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ MI

\_\_\_\_\_  
Preferred Name

Today's Date: \_\_\_\_\_

Please list any medications you are currently taking, one medication per line:

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Please List all Illnesses, Date Occured and Outcome:

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Your Physician:

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Pharmacy:

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Response Date: \_\_\_\_\_