

PRE-EXTRACTION/SURGERY EVALUATION

Are you taking or have you taken any of the following medicines?

1. Didronel _____ yes _____ no
2. Skelide _____ yes _____ no
3. Aredia _____ yes _____ no
4. Fosamax _____ yes _____ no
5. Actonel _____ yes _____ no
6. Boniva _____ yes _____ no
7. Zometa _____ yes _____ no

Signature: _____

Date: _____