



## Pre-Medication Form

I \_\_\_\_\_ was informed by my doctor that I need to pre-medicate before any dental procedures. I took my pre-medication as prescribed by the doctor within **one hour before** my dental visit today.

I \_\_\_\_\_ was informed by my doctor that I need to pre-medicate at least **one hour after** my dental visit. I will take my pre-medication as prescribed within one hour after my dental visit.

\_\_\_\_\_ 4 x 500 mg Amoxicillin

\_\_\_\_\_ 4 x 150 mg Clindamycin

\_\_\_\_\_ 4 x 500 mg Cephalexin

Patient Name: \_\_\_\_\_

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

Patient Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_