



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: _____