CELEBRATING OVER 30 YEARS OF CARE

WELLS ORAL AND MAXILLOFACIAL SURGERY ASSOCIATION

MEDICATION FLOW SHEET

Patient name _____ Account Number _____

Date	Drug	Description of Drug Dose	Doctor
Allergies:			

I understand that, if female, certain antibiotics may negate the action of birth control pills and lead to undesired fertility. I have been informed to use alternative mechanical means of birth control while on any antibiotics prescribed by our office.

Signature of patient or guardian _____ Date _____