



# WARDANY ORAL IMPLANTOLOGY

Ridge & Sinus Grafting • Implant Surgery and Revision  
Diplomate American Board of Oral Implantology

## **Preferred Pharmacy Information**

Name of Patient \_\_\_\_\_ Date \_\_\_\_\_

DOB \_\_\_\_\_ MR# \_\_\_\_\_

**Pharmacy** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Notes** \_\_\_\_\_

### **Allergies:**

- Penicillin     Amoxicillin     Clindamycin     Augmentin  
 Ibuprofen     Codeine     Iodine     Latex     Local Anesthetic  
 Sulfa     Other \_\_\_\_\_  
 No Known Drug Allergies

Signature of Patient \_\_\_\_\_ Office Initials (Witness)