

**JOHN A. PORTER D.M.D. --- HEALTH HISTORY AND INFORMATION FORM**

The following information is needed to determine how best to serve you. All information given will be confidential.

**MEDICATION LIST FOR FOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

MEDICATION	DOSE	FREQUENCY	REASON
0. (Example) Metformin	850 mg	2 X per day	Type II Diabetes
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**Comments:**

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