

Submitted 10/3/2023

KARA ABAZER

DOB: 8/9/1959 | **AGE:** 64 | **GENDER:** Female

PHYSICIAN: Good Doctor 777-777-8888

LAST PHYSICAL EXAM: Jan 2017

PHARMACY: Neighborhood Pharmacy

Whom should we notify in the event of an emergency? Husband

medical alerts

COVID-19 QUESTIONNAIRE ALERTS

Patient reports they contact with confirmed COVID-19 positive patient(s)

Cough reported

Patient has indicated they have Covid symptoms

Reports feeling hot or feverish recently (14-21 days)

Reports flu-like symptoms, such as gastrointestinal upset, headache or fatigue

Reports recent loss of taste or smell

Reports shortness of breath or other difficulties breathing

SUSCEPTIBILITY TO INFECTION ALERT

PHYSICIAN OR PREVIOUS DENTIST HAS RECOMMENDED ANTIBIOTICS BEFORE HAVING DENTAL WORK DONE

PHYSICIAN HAS ADVISED PATIENT OF RISK FOR INFECTION.

PROSTHETIC JOINT REPLACEMENT

Surgeon has recommended antibiotics before surgery because of prosthetic joint

BISPHOSPHONATE MEDICATION REPORTED

Bisphosphonate medication reported: Didronel

Taken for less than a year

HEMOSTASIS ALERT

ASPIRIN

DRUG ALLERGY REPORT

ALLERGY / ADVERSE REACTION TO MEDICATION

PENICILLIN ALLERGY

Symptoms: Hives/rash

MEDICAL ALLERGY REPORT

FOOD ALLERGY REPORTED: DAIRY

POSSIBLE INCONSISTENCY BETWEEN MEDICAL HISTORY AND DRUGS THE PATIENT REPORTS

PATIENT SELECTED A DRUG FROM THE DIABETES CATEGORY BUT DID NOT CHOOSE DIABETES IN THE MEDICAL HISTORY

PATIENT SELECTED A PSYCHIATRIC MEDICATION BUT DID NOT CHOOSE PSYCHIATRIC OR NEUROLOGIC DISORDER

denied conditions

Bleeding disorder, Cold sores, oral herpes or shingles, Covid-19, Diabetes, Heart - birth defect (congenital heart problems), Hepatitis/liver problems, HIV/AIDS, Kidney/bladder disorder, Lung condition (ex. asthma, emphysema, cystic fibrosis), Pregnancy, Psychiatric/behavior issues, Rheumatic heart disease, Seizure disorder, Sexually transmitted disease, Recent steroid medication history, Stomach/gastrointestinal disorder, Stroke/TIA, Thyroid gland disorder, Tuberculosis,

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reported conditions

Currently treated for: Diabetes, Anemia

CARDIOVASCULAR

Blood pressure problems

Hypertension controlled by medication

Hypertension diagnosed more than a year ago

Typical blood pressure reported at < 140/90

HEMATOLOGY/IMMUNOLOGY

Aspirin

Anemia

non-specific cause of anemia

Reports currently anemic

Managed by a physician

Confirmed with a blood test

Approximate date of last blood test: 2019

Allergy

Food allergy reported: Dairy

ONCOLOGY

Cancer

Bladder cancer

Hematopoietic status

Physician has advised patient of risk for infection.

MUSCULOSKELETAL

Osteoporosis

Bisphosphonate medication reported

Bisphosphonate medication reported: Didronel

Taken for less than a year

Arthritis

Osteoarthritis

Prosthetic joint replacement

Right Hip

More than two years since joint replacement surgery

Surgeon has recommended antibiotics before surgery because of prosthetic joint

ENDOCRINE

Type 2 Non insulin dependent diabetes

Seldom check sugar level

Glycated hemoglobin A1c between 6.6% and 7.5%

Does not experience hypoglycemic episodes

Last hypoglycemic episode was more than a year ago

Impending hypoglycemia typically reversed with soda or juice, Impending hypoglycemia typically reversed with candy or other sugar source

Does not report long periods of poor diabetes control

Other reported conditions

Has been hospitalized or treated in ER: asdfasdf

asdfasdf

asdfasdf

asdf

surgery history

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Tonsils, galbladder, Hip

habits

Alcohol use reported

Social use of alcohol

review of systems

Respiratory: Cough

Gastrointestinal: Constipation

Musculoskeletal: Muscle and joint pain

Head: Headaches

Ears: Ringing

drug allergies

Allergy / adverse reaction to medication

Penicillin allergy

Symptoms: Hives/rash

current medications

nbvnbvnbmnb mnb mnb

Bisphosphonate medication reported: Didronel

Aspirin

Atenolol - Tenormin (atenolol) is a selective beta-1 adrenergic receptor antagonist used in hypertension, angina pectoris, arrhythmia, post MI therapy, mitral valve syndrome and prophylaxis for vascular headache. Common side effects include: insomnia, fatigue, bradycardia, orthostatic hypotension, GI complaints and vertigo. Dental Clinical Concerns: Concurrent use with ampicillin may reduce bioavailability and decreased antihypertensive effects with indomethacin and possibly other NSAIDs. A slowing of the metabolism of lidocaine has also been noted. Ask about other drugs the patient may also be taking for hypertension. Local anesthetics with vasoconstrictors: Good pain control is essential for all patients. In some patients BP may be difficult to regulate. Be sure to use good injection techniques with aspiration and with attention to the amount of vasoconstrictor.

Empirin with codeine - Two Empirin with codeine products are listed in this library. Both contain 325 mg of aspirin, but one product contains 30 mg of codeine and the other product contains 60 mg of codeine. You will need to specify the amount of codeine you prefer. The usual dose interval is one every 4 hours. The lower dose codeine product could be given as two tablets every 4 hours. Avoid concurrent use with alcohol and other CNS depressants can add to the any CNS depression. Avoid concurrent use with monoamine oxidase inhibitors. These are Schedule III controlled substances. Caution patients about driving or operating heavy equipment while taking narcotics.

Metformin - Glucophage, Glucophage XR, Fortamet and Riomet (metformin HCL) is an oral hypoglycemic approved as an adjunct to diet and exercise for management of type 2, non-insulin dependent diabetes mellitus in adults. It can also be used with a sulfonylurea oral antidiabetic or insulin. Commonly reported side effects include: diarrhea, nausea, vomiting, abdominal bloating, asthenia and headache. The product contains a box warning concerning a rare, but serious side effect of lactic acidosis. Dental Clinical Concerns: No dental drug interactions are reported. Ask patients about other drugs or treatments they may be receiving for diabetes.

Seroquel - Seroquel or Seroquel XR (quetiapine fumarate) is an antipsychotic drug indicated for use in schizophrenia. Commonly reported side effects include: somnolence, headache, asthenia, GI complaints, dyspepsia, dry mouth, postural hypotension, tachycardia, skin rash and rhinitis. More severe adverse effects occur infrequently, but can include: neuroleptic malignant syndrome, tardive dyskinesia, development of cataracts, seizures and hypothyroidism. Changes in triglycerides, transaminase enzymes and risk of suicide have also been noted. Dental Clinical Concerns: Drug interactions include the possible risk of increased CNS depression when used with other CNS depressants. Use caution when using strong inhibitors of CYP 3A4 enzymes, elevation of quetiapine blood levels have been noted. Strong inhibitors include ketoconazole, itraconazole, ketoconazole, erythromycin and clarithromycin. To avoid postural hypotension, allow the patient to rise slowly from the prone to the sitting position.

Forms signed by: **azdfasdf**

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