Michael F. Tillery DDS PC & Associates
3410 North High School Road Ste. B
Indianapolis, IN 46224
(317)291-8957

Please list all prescription medications, over-the counter medications, and any vitamins/Herbal Supplements you are presently taking.

Medication	Dosage	Times/Day	Condition being treated
Example: Hydrochlorothiazide	200mg	2x/day	High blood Pressure

Name (Print) _____ Signature _____ Date _____

_____ No Changes _____ Changes Noted Above Signature _____ Date_____

_____ No Changes _____ Changes Noted Above Signature _____ Date_____

_____ No Changes _____ Changes Noted Above Signature _____ Date_____

_____ No Changes _____ Changes Noted Above Signature _____ Date_____