

KATHLEEN SCHROEDER ROTH, D.D.S., P.L.L.C.

725 SW Higgins Ave, Ste A
Missoula, MT 59803
Phone (406)728-2745

Patient's Name: _____ **Date:** _____

Additional Medical History

Yes No Are you **currently taking**, or in the **past, have you taken** any Bisphosphonates **Orally** or **I.V.** for Osteoporosis?
(The names are **Actonel, Boniva, Didronel, Evista, Fosamax, Skelid** and **Reclast**)

Yes No Are you **currently taking**, or in the **past, have you taken** any Bisphosphonates **Orally** or **I.V.** for Cancer Therapy?
(The names are **Aredia, Bonefos** and **Zometa**)

Yes No Do you have any artificial joints? If yes _____

A. How long have you had the prosthetic joint? (Date of surgery) _____

B. Have you had any problems or infections with the joint since it was first placed?

Yes No Is your immune system suppressed by disease, medications, or treatment?

Yes No Do you regularly take dietary supplements or herbal medications?

- _____ Echinacea
- _____ Garlic
- _____ Ginger
- _____ Gingko Biloba
- _____ Ginseng
- _____ Kava
- _____ Multi Vitamin
- _____ St. John's Wart
- _____ Valerian Root
- _____ Vitamin E
- _____ Other _____
- _____