

CURRENT MEDICATIONS / ALLERGIES

(Please complete this form and bring it with you to your appointment. Thank you!)

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Name	Birth Date
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CURRENT MEDICATIONS

Please list ALL medications you are currently taking (including prescription, over-the-counter medicines, vitamins, topicals, and herbals):

KNOWN ALLERGIES

Please list ALL known allergies (including allergies to medications, foods, substances {ie latex} and environmental allergies):

Patient Signature	Date
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