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MEDICATION LIST

Please list all medicines you are supposed to take.
 Include all medicines even if you have run out
 of the prescription.

	Medicine	Strength (mg/mcg)	How many at a time?	How many times a day?	Why do you take this?	Rx given by which doctor?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

Allergies - Please list all known allergies

				Do latex gloves bother you if doctor / nurse / dentist use them while working on you? <input type="checkbox"/> No <input type="checkbox"/> Yes

Blood Thinners

	No	Yes	If yes, what?
Do you take a prescription blood thinner?			Drug Name:
Do you take aspirin daily?			<input type="checkbox"/> Baby ASA (81mg) or <input type="checkbox"/> Adult ASA (325mg)

Pharmacy Information

PRIMARY	
Name:	Phone:
Location:	City:
SECONDARY	
Name:	Phone:
Location:	City: