

CURRENT MEDICATIONS / ALLERGIES

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

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Seven Fields, PA 16046
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(724) 778-3000

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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