Cisca Pulmonary and Critical Care

Alexis A. Vazquez, D.O.

ALLERGY, PHARMACY, and MEDICATION INFORMATION

Today's Date: _____

Name (Last, First, M.I.): _____

Date of birth: _____

Allergies

Please list **ALL** allergies: _____
_____
_____
_____

Pharmacy Information

Preferred pharmacy/location: _____

Pharmacy phone: _____ Fax: _____

Medications

List ALL medications, both prescription and over-the-counter:			Office Use Only:				
Medication:	Dosage:	Frequency:	Reviewed:	Reviewed:	Reviewed:	Reviewed:	Reviewed: