

Bringing your medications in the original packaging with the original labels, along with a medication list, helps our doctors, nurses and pharmacists keep an accurate record of everything you're taking. This also ensures you receive the correct medications during your stay.

Name: _____ Date of Birth: _____

Address: _____ City/State: _____ Zip: _____

Sex: (check one) Male Female Height: _____ Weight: _____

Allergies: (please describe reaction)	

Doctor / Dentist / Other Prescriber's Name	Phone Number:	Type of Practitioner / Reason for Seeing

Pharmacy Name:	Phone Number:	Street / City / State:

Additional Information / Comments:	Immunizations: (Date of Last Dose)
	<input type="checkbox"/> Tetanus:
	<input type="checkbox"/> Pneumonia Vaccine:
	<input type="checkbox"/> Flu Vaccine:
	<input type="checkbox"/> Hepatitis Vaccine:
	<input type="checkbox"/> Other:

