

EAR, NOSE & THROAT | HEAD & NECK SURGERY | SINUS & ALLERGY | SLEEP | COSMETICS

Name: _

TO COMPLETE YOUR FORM:

- Fill out all applicable sections
- Resave file with a unique name
- Email your re-saved form to operator@spartanburgent.com

MEDICATION FORM

LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING: prescription and over-the-counter medications (example aspirin, antacids), vitamins (examples: vitamin D, calcium) and herbals (examples: ginseng, gingko) Include medicine taken as needed (example: nitroglycerin)				
DATE	NAME OF MEDICATION/DOSE	DIRECTIONS	DATE STOPPED	REASON FOR TAKING/DR NAM
	Example: Aspirin 325 mg	Every 3 to 4 hours as needed		headaches