

MEDICATIONS AND PHARMACY INFORMATION

MEDICATION ALLERGIES

(specify medication, food etc AND what happens)

[illegible]

Are you allergic to CONTRAST, IODINE, or SHELLFISH? _____

CURRENT MEDICATION LIST (include doses and frequency)

[illegible]

Are you on any blood thinners including ASPIRIN, PLAVIX (CLOPIDOGREL), OR COUMADIN/WARFARIN?_____

If YES, who is the physician prescribing this medication (list phone if available)?_____

If YES, have you ever been taken off of the blood thinner for any procedures in the past?_____

PHARMACY NAME, ADDRESS AND PHONE NUMBER

OUR OFFICE REQUESTS YOU USE ONLY ONE PHARMACY FOR PRESCRIPTIONS
