DR. ERIC FINZI & ASSOCIATES

General & Cosmetic Dermatology

Chevy Chase Cosmetic Center • 240-482-2555 | Dermatology & Cosmetic Surgery Associates • 301-345-7375

ROUTINE AND PRN MEDICATIONS

Patient Name: _____ **Date of Birth:** ____/____/____

Drug Sensitivity/Allergies:_____

Please list all medications you are currently taking with the dosage amount and frequency. This list should include both prescription drugs, over the counter drugs, and vitamins.

MEDICATION NAME	DOSAGE	FREQUENCY

**** Any medication changes should be entered on a new line and initialed. When medication is discontinued, please highlight and date the entry.***

REVIEWED BY (INITIAL & DATE): COMPLETED BY OFFICE STAFF ONLY	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials
	Date	Date	Date	Date	Date	Date	Date	Date	Date