CENTRAL VIRGINIA FOOT AND ANKLE

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Name:

Date of Birth: _

Phone:

Primary Physician:

Address/Phone:

Medicines I take – including those without a prescription: over-the-counter, vitamins, supplements, eye-drops, patches, etc.

| Medicine Name / Strength | How Much / When I Take It | What I Take It For | Other Information |
|--------------------------|---|--------------------------|--------------------------------|
| Example: Senicidem 40mg | Example: 2 tablets twice a day with meals | Examples: Blood Pressure | Example: Get bloodwork monthly |
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Date Completed: _____

Bring all medications you take to every health care visit (including those without a prescription)

417 Eighth Street NE 405C East Third Street Charlottesville, VA Farmville, VA www.dontwalkinpain.com 434-295-9153 434-392-6669