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ANDREW DOBRADIN, M.D., Ph.D., F.A.C.S.

PATIENT NAME_____ DATE_____

ALLERGIES:

☐ Aspirin ☐ Penicillin ☐ Sulfa ☐ IV Dyes ☐ Codeine ☐ Iodine ☐ Local Anesthetics ☐ Latex

Other: _____

_____

			DATE	
MEDICATION	**DOSE/mg**	**FREQUENCY**	**STARTED**	**STOPPED**
☐ Aspirin _____				
☐ Plavix _____				
☐ Coumadin _____				
☐ Birth Control _____				