



Paul McNeill, MD, FACS ~ Garth Rosenberg, MD, FACS

Date _____

Patient Name: _____ Referring Dr. _____

Primary Care Dr. _____ Other Drs. _____

Please list medications and/or materials that you are **allergic** to and the reaction you have:

I am currently taking:

Medication Doses Frequency Reason

Ie. Labetalol 100mg daily High blood pressure

Please list past surgeries or medical conditions we should be aware of:

___ Yes ___ No: Have you ever had a blood clot?

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