

Name:

PRIMARY MD:

REFERRING MD:

What PHARMACY do you want your prescriptions sent to?

Symptoms you are experiencing today: Circle all that apply today

rash
itching
problems with healing
problems with scarring (hypertrophic or keloid)
dry or irritated skin
allergy to topical antibiotic ointments
problems with bleeding
immunosuppression
seasonal allergies

dry eyes
blurry vision/vision loss
sore throat
fatigue
fever or chills

unintentional weight loss
appetite loss
night sweats
chest pain
cough

abdominal pain
bloody stool
bloody urine
shortness of breath, or wheezing

joint pain or swelling
muscle weakness
headaches
lightheadedness/dizziness
anxiety
depression
seizures
thyroid problems
yeast infections with antibiotics
irregular, painful, or excessively heavy periods

changing mole/suspicious growth
allergy to adhesive
allergy to lidocaine
take blood thinners
artificial joints and advised to take antibiotics before procedures
pacemaker or defibrillator
rapid heartbeat with epinephrine
pregnancy or planning a pregnancy