



**Spencer Dermatology
& SKIN SURGERY CENTER**

Patient Medication List

Please fill out as completely as possible.

NAME _____

ALLERGIES TO MEDICATIONS (please include reaction) _____

ALL CURRENT MEDICATION (Please list)

Are you currently taking: ___ Aspirin ___ Coumadin ___ Plavix

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |
| 13. _____ | 14. _____ |
| 15. _____ | 16. _____ |
| 17. _____ | 18. _____ |
| 19. _____ | 20. _____ |

Are you allergic to: **Lidocaine**? Y__ N__ or **Latex**? Y__ N__

Do you take antibiotics before dental work? Y__ N__
