Northeast Georgia ENT, Head and Neck Surgery
Winder ENT
John R. Simpson, D.D.S., M.D., F.A.C.S.

MEDICATION RECORD

Patient's Name: _____ D.O.B.: _____ Gender: _____

Drug Allergies: _____

Latex Allergies: Yes No

Pharmacy: _____ Phone: _____

Date	Medication	Dsg	Discontinue	Date	Medication	Dsg	Discontinue