

Westside Dermatology Clinic, PA

Paul Subrt, M.D.

Please provide us with a list of any current medications you regularly take below. If you already have a list of medications, you may provide us with that rather than filling out this form.

If you do not take any medications, please write "None."

Patient Name: \_\_\_\_\_

Current Prescription and Over the Counter Medications (Name, Strength, and Dosage):

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Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_