Today's Date: _____

Name: _____ Date of Birth: _____

Preferred Pharmacy: _____

Do we have consent to access prescription medications from your pharmacy? ⬜ Yes ⬜ No

Current Medications

Note: Aspirin, Blood Thinners and Anti Platelet Medications may affect some procedures

Medication	Dose	Frequency

MEDICATION ALLERGIES

Do you have an allergy to iodine or contrast dye? ⬜ Yes ⬜ No Reaction:

_____

Allergies	Reaction