

Dear Patient,

Dr - R Q H V will correspond with the physicians listed below to help strengthen your medical background and keep other practitioners informed of your progress.

Please take a few minutes to list the physicians who are currently involved in your care.

We would also ask that you list medications that you are currently taking. Please use back of this form if additional space is needed.

Physician s Name: _____

Address: _____

Phone Number: _____ Specialty: _____

Physician s Name: _____

Address: _____

Phone Number: _____ Specialty: _____

Medications currently taking:

Name of medication: _____ Reason for pr eSCRIPTION: _____

Name of medication: _____ Reason for pr eSCRIPTION: _____

Name of medication: _____ Reason for pr eSCRIPTION: _____

Name of medication: _____ Reason for pr eSCRIPTION: _____