WILKS ADVANCED FOOT CARE G. JASON WILKS, DPM, PC

MEDICATIONS & ALLERGIES

| If you have a current list of your medications with you, we can make a copy instead of filling this form, feel free to let us know at the front. Please list any prescription medications, over the counter medications, or vitamins/nutritional supplements that you are now taking. Please include the dosage amount and the times per day you take them. Please be as specific as possible MEDICATIONS DOSAGE TIMES PER DAY Allergies: Please include reaction you have to the allergy and the severity of it. |
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| C= Critical S=Severe MO=Moderate MI=Mild |
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| ALLERGY REACTION CIRCLE ONE C S MO MI |
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