CURRENT MEDICATIONS

E·N·T of ATHENS

These forms MUST NOT be returned via email. They must be brought with you to your appointment.

NAME: _____ DATE OF BIRTH: _____ DATE: _____

Drug Allergies: _____

Current Medications: (Please include over the counter medications and supplements.)

Name of Drug	Dosage (Strength)	Frequency (times per day)

150 NACOOCHEE AVENUE, ATHENS, GA 30601 ◆ OFFICE: 706.546.7908 ◆ FAX: 706.546.1944