

SOMERSET SKIN CENTRE

255 Kirts Blvd.

Troy, MI 48084

**Current Medication List - PLEASE PRINT**

Reviewed by/date

Today's Date:  / / / / / /

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication Name – Please print	Strength	Dose	Route	Quantity
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Do you have any allergies? None  Yes

If yes, please list below:

Allergy	What kind of reaction do you experience?

**PHARMACY(S) Please indicate your pharmacy to send any prescriptions:**

Pharmacy: \_\_\_\_\_ Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Cross streets/city

Mail order or specialty pharmacy: \_\_\_\_\_

May we access you Rx history electronically? Yes  No