



Date: _____

Patient Name: _____

DOB: _____

<input type="checkbox"/> There are no other medical records		
LIST OF PRIOR PHYSICIANS		
Name of Physician	City, State	Phone Number
For Office Use Only		
Date Record Requested	Requested By	<u>Number Called and/or Faxed</u>

AS A RULE OUR PHYSICIANS DO NOT PRESCRIBE NARCOTIC or BENZODIAZEPINES or STIMULANT MEDICATION		
LORTAB	AMBIEN	MS CONTIN
PERCOCET	DARVOCET	SOMA
XANAX	ADDERALL (ADULTS)	RITALIN (ADULTS)
KLONOPIN	TYLENOL 3 (Tylenol with Codeine)	MORPHINE

- You **must** bring your current medication bottles with you to every appointment.
- If you do not bring your medication bottles with you to your appointment, our providers will not be able to write another prescription.

Printed Name

Signature

Relationship to patient