

CURRENT MEDICATIONS

Patient Name: _____ Date: _____
Nombre de Paciente Fecha

Pharmacy Name: _____ Pharmacy Phone #: _____
Nombre de Farmacia Numero de la Farmacia

Please indicate the preferred lab for your insurance plan (Quest or Labcorp). If your lab work is done at a facility not covered by your insurance plan, you will be responsible for the bill. Labs done at the hospital or other facilities are not electronically received; therefore, we strongly encourage you to go to Quest or Labcorp to ensure that we get your results.

Preferred Lab Facility: _____ Lab Phone #: _____
Nombre de Laboratorio Numero de la Laboratorio

Have you taken any over-the-counter medication and/or prescription medication for heartburn in the past? (i.e., Protonix, Prilosec, TUMs, omeprazole, Nexium, Aciphex, etc.) YES or NO
 If yes, please list: _____

Please list all current medication, including strength and dose.
Favor de incluir todo medicamento con los miligramos y dosis.

MEDICATION <small>Medicacion</small>	STRENGTH <small>Miligramos</small>	DOSE <small>Dosis</small>

I, _____, give permission for Dr. Richard Dumois to obtain my prescription history for the past (2) years. This information will be kept in my confidential medical records.

X _____
Patient Signature