

Reno Vein Clinic

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CURRENT MEDICATIONS

Print Patient Name: _____ Date: _____

***** Allergies (Medications) or Other Allergies:**

Drug name or allergen (i.e. - dogs, cats) Reaction (i.e. - hives, swelling of throat)

Do you take aspirin or anti-inflammatory medications ? Yes, list below No

Last Taken	<u>Prescription Medications</u>	Dosage	How do you take it	How often do you take it	Why do you take this medication
Leave Blank	(Example) Lasix	20 mg	By mouth	2 times a day	High blood pressure
Last Taken	<u>Over-the-counter meds or herbs/nutritional supplements</u>	Dosage	How do you take it	How often do you take it	Why do you take this supplement
Leave Blank	(Example) Multi vitamin	1 tablet	By mouth	1 time a day	Nutritional supplement