



A. Desai, MD

A. Sethi, MD

U Dhanjal, MD

4000 Highland, Suite 130 Waterford, MI 48328 Tel: 248-681-7909 Fax: 248-681-0455 / 248-681-5814

Date: _____

Patient Name: _____ Date of Birth: _____

MEDICATION LIST

MEDICATION	STRENGTH	DIRECTIONS

Local Pharmacy 1: Name (CVS, Rite-Aid, etc): _____
Phone, Crossroads or City: _____

Alternate local Pharmacy: Name (CVS, Rite-Aid, etc): _____
Phone, Crossroads or City: _____

Mail Order Pharmacy: Express Scripts, Inc Caremark/Pharmacare Optum Rx Other _____

PLEASE LIST YOUR DRUG ALLERGIES: _____

PLEASE LIST ENVIRONMENTAL ALLERGIES: _____