CULLMAN DERMATOLOGY CLINIC, P.C.

Name: _____ Date: _____

DOB: _____ Pharmacy: _____

MEDICATION ALLERGIES: _____

_____

Current Medication List

Please list all prescription AND over-the-counter medicines you are taking.

Medication	Dosage/Strength	Frequency (how many times per day)	Route (oral, topical, etc...)

Date Reviewed: _____ Reviewed by: _____

Date Reviewed: _____ Reviewed by: _____

1205 County Road 1466 - Cullman, AL 35058 ~ Phone (256) 739-9711 Fax (256) 739-9737