



Spartanburg | Greer **ENT & Allergy**

EAR, NOSE & THROAT | HEAD & NECK SURGERY | SINUS & ALLERGY | SLEEP | COSMETICS

TO COMPLETE YOUR FORM:

- Fill out all applicable sections
- Resave file with a unique name
- Email your re-saved form to operator@spartanburgent.com

MEDICATION FORM

Name: _____

Birthdate: _____

Reason for Visit: _____

LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING: prescription and over-the-counter medications (examples: aspirin, antacids), vitamins (examples: vitamin D, calcium) and herbals (examples: ginseng, gingko) Include medicines taken as needed (example: nitroglycerin)