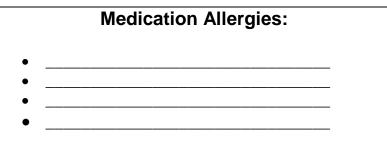
VUJEVICH DERMATOLOGY ASSOCIATES, PC

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The Center for Medicare and Medicaid has implemented changes for all patients to follow. We are required to obtain the following information at <u>each visit</u>.

| Date Completed: | |
|-----------------|--|
| Patient Name: | |
| Date of Birth: | |
| Pharmacy Name: | |
| Pharmacy Phone: | |



MEDICATION LIST:

| Medication Name | Dose | How often do you take it? |
|-----------------|------|---------------------------|
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