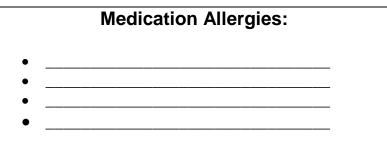
VUJEVICH DERMATOLOGY ASSOCIATES, PC

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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?