Atlanta Nephrology Referral Center, L.L.C.

Name_____

ALLERGIES: If you have no allergies check here ___

NAME OF DRUG	WHAT AFFECT DOES IT HAVE ON YOU?
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
FOODS	
_____	_____
_____	_____
OTHER	
_____	_____
_____	_____

MEDICATIONS:

List all medications including OTC and all vitamin and mineral supplements. Please include all pain relievers.

NAME OF DRUG	STRENGTH	TIMES TAKEN DAILY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____