



LAKESIDE SURGICAL ASSOCIATES, PA

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Patient Name: [ ] DOB: [ ]

Allergies: [ ]

Do you take: Aspirin/ Ibuprofen/ Motrin/ Advil/ Aleve/ Excederin/ Midol/ Fish Oil/ Herbs/ Vitamins/ OTC Supplements?

Table with columns for Medication and Date Reviewed (Month, Day, Year). Rows numbered 1-20. Includes a 'Reviewer's Initials' row at the bottom.

Legend:
qd= every day/ bid= 2x's a day/ qid= 4x's a day/ qow= every other week/ qam= every morning/ qhs= every night
/c= with d/c= discontinued /s= without /p= after /a= before