Lung and Sleep Center, P.C.

www.lungandsleepcenter.com

A. Asmi, MD

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Tel: (248) 681-7909

Waterford, MI 48328
Fax: (248) 681-0455

Date: _____

Patient Name: _____ Date of Birth: _____

MEDICATION LIST

MEDICATION	STRENGTH	DIRECTIONS

Local Pharmacy 1: Name (CVS, Rite-Aid, etc): _____
Phone, Crossroads or City: _____

Alternate local Pharmacy: Name (CVS, Rite-Aid, etc): _____
Phone, Crossroads or City: _____

Mail Order Pharmacy: Express Scripts, Inc Caremark/Pharmacare Optum Rx Other _____

PLEASE LIST YOUR DRUG ALLERGIES: _____
PLEASE LIST ENVIRONMENTAL ALLERGIES: _____