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>.

Jate Con	npleted	:			
Patient N	ame: _				
Date of B	irth:				· · · · · · · · · · · · · · · · · · ·
		e/Phone:			
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			ALLEDO	IEC.	
			ALLERG	IIES.	
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	•				_
	•				_
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MEDICATION LIST:

Medication Name	Dose	How often do you take it?