Collin County Pulmonary Associates
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## **Current Medications**

	Current Medications	<u>s</u>
☐ I currently take NO medications		
☐ See the current updated list I have provided today		
☐ The following are my current med	dications (please see list	below)
MEDICATION NAME	DOSE	HOW OFTEN
Medications You Are Allergic To		
☐ I have NO medication allergies		
☐ See the current updated list I have	e provided today	
☐ The following are my current med	dication allergies (please	see list below)
Medication Name		

Patient Signature or Initials