

San Juan Plastic Surgery

2300 E. 30th Street
Building B, Suite 103
Farmington, NM 87401

Name: _____

Please Provide an accurate list of surgeries, medical conditions, and medications currently being taken including dose and frequency. Include over-the-counter medications as well as allergies to medications or foods. You may attach a separate sheet if you have one.

Allergies to medications and foods including the reaction or write "none":

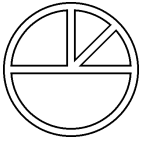
Medication/Food	Reaction (itching, hives, can't breath, etc)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List all medications including the dose and frequency:

Medication	Dose/frequency
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List all medical conditions you have been diagnosed with:

List all previous surgeries with approximate year:



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***In order for you to obtain insurance benefits, we must supply the insurance companies with some of this information in addition to clinic notes, operative notes, hospital notes, and occasionally other information. By signing below, you provide authorization to allow San Juan Plastic Surgery to provide your insurance company only with information they request that is required for payment of your benefits from your medical record.**

Signature: _____ **Date:** _____