

Colleen Campbell, M.D.

5503 East Busch Blvd Temple Terrace, FL 33617 (813) 200-7717 Phone (813) 985-8500 Fax 3105 North 22nd Street Tampa, FL 33605 (813) 200-7717 Phone (813) 985-8500 Fax

Patient Medication Sheet

Name:		D.C	D.B: Date: _	Date:	
Please list all your medication all	ergies (use	additional paper if necessary):		
Name of Medication to which you are Allergic			Type of Reaction (rash, swelling etc.)		
List all Medications you are pres	ently us	sing	(use additional paper if necess	ary):	
Name of <i>Medication</i> as spelled on prescription bottle			Instructions/How often do you take it	Check if you need Refills	