The Gainesville Skin Cancer Center

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Mohs Micrographic Surgery
Board Certified Dermatologist
Diplomate American Board of Dermatology
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Tamberly L. Briar FNP-C
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LIST OF MEDICATIONS/ALLERGIES

PATIENT NAME: _____

Please list all current medications and allergies.

Please print name of Medication ***DO NOT INCLUDE VITAMINS***	Dosage/MG

Allergy	Reaction (circle one)			
	Hives/Rash	Nausea/Vomit	Breathless	Unconscious
	Hives/Rash	Nausea/Vomit	Breathless	Unconscious
	Hives/Rash	Nausea/Vomit	Breathless	Unconscious
	Hives/Rash	Nausea/Vomit	Breathless	Unconscious
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