



## The Plastic Surgery Center

### Patient Medical Information

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_  
ALLERGIES: \_\_\_\_\_

#### Current Prescription Medications

<i>Drug</i>	<i>Dosage</i>	<i>Times/Day</i>

#### Current Herbs, Vitamins, Supplements


#### MEDICAL CONDITIONS:

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#### PREVIOUS SURGICAL PROCEDURES: INCLUDE DATES

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#### Primary Care Physician(s)

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