

ALLERGIC DISEASE AND ASTHMA CENTER, P. A.

C. ALLEN BRUCE, M. D.
EMMANUEL U. SARMIENTO, M. D.
NEIL L. KAO, M. D.

DRUG ALLERGIES

NAME _____ CHART# _____

PLEASE LIST ALL KNOWN DRUG ALLERGIES INCLUDING SYMPTOMS AND DATE OF REACTION

DATE

MEDICATION

SYMPTOMS

| DATE | MEDICATION | SYMPTOMS |
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Completion of this form is required to comply with manged care regulations.

Patient's Signature

Date