Bereza and Lovell Orthopedics, P.C.
Phone # 616-774-9515 Fax # 616-774-7116

Patient Prescription and Allergy Information

Patient Name _____ Date of Birth _____ Misys #: _____

Please list all of your current medication(s).

Date Started	Name of Medication	Dosage	Instructions of how you take the Medication

List of Patient Allergies (i.e., Drug, Environment, Food, Other)

Allergy Type	Reaction	Comments