

**Katheryne W. Glantz, DPM**  
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**Sparks, NV 89434**  
**Phone: 775-331-3668 Fax: 775-331-3649**

**Patient Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please list any prescriptions and over the counter medications, including any vitamins, or supplements you are taking.**

( ) Please check here if you are **not** taking any prescriptions or over the counter medications, vitamins or supplements.

**Are you under the care of a pain management doctor?** \_\_\_ Yes \_\_\_ No, if yes, who? \_\_\_\_\_

<b>Name of drug(s)</b>	<b>Description</b>
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

**Drug Allergies:**

( ) No known drug allergies (NKDA)

- Penicillin (PCN)
  - Sulfa
  - Other antibiotics \_\_\_\_\_
  - Iodine
  - Novocaine
  - Adhesive Tape
  - Codeine
  - Aspirin
  - Other Drugs: \_\_\_\_\_
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