

Dear Patient,

Dr Peters will correspond with the physicians listed below to help strengthen awareness of your medical background and keep other practitioners informed of your progress.

Please take a few minutes to list the physicians who are currently involved in your care.

We would also ask that you list **all** medications that you are currently taking. Please use back of this form if additional space is needed.

Physician's Name: _____

Address: _____

Phone Number: _____ Specialty: _____

Physician's Name: _____

Address: _____

Phone Number: _____ Specialty: _____

Medications currently taking:

Name of medication: _____ Reason for prescription: _____

Name of medication: _____ Reason for prescription: _____

Name of medication: _____ Reason for prescription: _____

Name of medication: _____ Reason for prescription: _____