STEPHEN A. LANDERS, M.D.

DIPLOMATE, AMERICAN BOARD OF OTOLARYNGOLOGY
HEAD AND NECK SURGERY

PEDIATRIC AND ADULT
EAR, NOSE & THROAT

MEDICATION SHEET

ALLERGIES

Patients' Name: _____

Date of Birth: _____

Start Date	Stop Date	Medication: Dosage/Directions/Amount	Refills: Date/Amount/Initials				

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