

NEUROLOGICAL CONSULTANTS, P.C.

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Patient Name: _____ Date _____

Physician _____

Please list medications you are currently taking:

Medication and dose	Directions of medication	Prescribed by	Last fill date

Please list your current medical complaints:

STANLEY H. GINSBURG, M.D. • RALPH R. ROUND, M.D. • MIK STAMBUK, M.A., M.D.

NEUROLOGY — ELECTROMYOGRAPHY — ELECTROENCEPHALOGRAPHY — BOTOX