

ALLERGY AND ASTHMA ASSOCIATES, P.C.

RICHARD C. LORIA, M.D.

Diplomate, American Board of Allergy and Immunology

Richard C. Loria, M.D.

Courtney J. Blair, M.D.

Penny Flores, F.N.P

Patient Name: _____ **Date of Birth** _____

30 DAY MEDICATION LOG

| | Medication Taken Name & Dosage | Date/Time | Relief Obtained Yes/No | Symptoms if no relief |
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I certify the above information is correct and the 30 day trial has been completed _____
Patient (or parent) signature

I certify the above patient has provided our office with this medication log and it has been placed in the patients' medical record to be included in his/her progress notes.

Physician Signature

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