



*Glenn H. Brown, MD*

DERMATOLOGY

1450 S Dobson Rd, Suite 320B, Mesa, AZ 85202

480-835-9755 Fax: 480-964-8668

www.browndermatology.com

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Do any of these apply to you today?**

**Please answer Yes or No**

- |   |         |        |
|---|---------|--------|
| Allergy to adhesive                         | ___ Yes | ___ No |
| Allergy to latex                            | ___ Yes | ___ No |
| Allergy to lidocaine                        | ___ Yes | ___ No |
| Allergy to topical antibiotic ointments     | ___ Yes | ___ No |
| Artificial heart valve                      | ___ Yes | ___ No |
| Artificial joints within the past two years | ___ Yes | ___ No |
| MRSA  | ___ Yes | ___ No |
| Blood thinners                              | ___ Yes | ___ No |
| Defibrillator                               | ___ Yes | ___ No |
| Pacemaker                                   | ___ Yes | ___ No |
| Rapid heartbeat with epinephrine            | ___ Yes | ___ No |
| Premedication prior to procedure            | ___ Yes | ___ No |
| Pregnant                                    | ___ Yes | ___ No |
| Planning a pregnancy                        | ___ Yes | ___ No |