**BOARD CERTIFIED**

**ORTHOPEDIC SURGEONS**

**Michael J. Greller, MD, FAAOS**

Fellowship Trained in

Sports Medicine

**Alan S. Nasar, MD, FAAOS**

Fellowship Trained in Joint Replacement Surgery

**Gerardo Goldberger, DO**

**Gregg S. Berkowitz, MD, FAAOS**

**Manuel T. Banzon, MD, FAAOS**

**James F. Cozzarelli, MD, FAAOS**

**Grigory Goldberg, MD**

Fellowship Trained

in Spine Surgery

**Paul J. Chubb, DO**

Fellowship Trained

in Hand Surgery

**FOOT AND ANKLE**

**Alison DeWaters, DPM**

Reconstructive Foot and

Ankle Surgeon

**BOARD CERTIFIED IN PAIN MANAGEMENT**

**Jessica Arias Garau, MD**

**ALTERNATIVE MEDICINE**

**Neil Paulvin, DO**

Osteopathic Manipulation

Medical Acupuncture

**PATIENT-CENTERED**

**PATIENT-FOCUSED CARETM**

Fellowship Trained Physicians

Award Winning Doctors

Honored for Compassion, Innovation & Surgical Excellence

**SPECIALISTS FOR EVERY ORTHOPEDIC NEED**

Arthritis & Osteoporosis Care

Work Injuries

Hand Injuries

Foot & Ankle Injuries

Arthroscopic Surgery

Computer Assisted Surgery

Minimally Invasive Surgery

Joint Replacement

Trauma & Fracture Care

Nerve Testing

Sports Medicine

**PATIENT MEDICATION LIST**

DATE:

LAST NAME: FIRST NAME:

List ***all medications*** currently being taken and explain what each medication is for (including over-the-counter medications, vitamins, cartilage supplements and birth control pills) or attach a medication list.

If the medication was prescribed by a physician, please indicate the reason you are taking medication and specify the physician who prescribed it.

**Medication Dosage**

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Please hand in any test results, x-rays, other diagnostic CD's, or other documents for today's visit when you check in.