Prafull K. Dave, M.D., P.A.

Adult & Child Neurologist
EEG, EMG & Sleep Study Center
Fax: 301-263-7933

217 Washington Heights Medical Center
Westminster, MD 21157
410-848-9337

188 Thomas Johnson Drive, Suite 200
Frederick, MD 21702
301-695-6556

1101 Opal Court, Suite 213
Hagerstown, MD 21740
301-416-8199

DATE _____ **FOLLOW UP FORM** HT _____ WT _____

PATIENT NAME _____ DOB _____ AGE _____
ADDRESS _____
PHONE _____ CELL _____
INSURANCE _____
EMAIL _____
PCP NAME _____ CITY _____ STATE _____
PCP PHONE _____ PCP FX _____
PHARMACY _____ CITY _____ STATE _____
PHONE _____ FAX _____

REASON FOR VISIT _____

LIST ALL MEDICATIONS FROM ALL DOCTORS (INCLUDING OVER THE COUNTER)

MEDICATION	DOSE	FREQUENCY

LIST ALL ALLERGIES TO MEDICATIONS

CHANGE IN CLINICAL STATUS (EX. IMPROVED CONDITION, NEW CONDITION, ETC.)

_____

_____

LIST ANY LABORATORY OR RADIOLOGICAL STUDIES RECENTLY COMPLETED

_____

_____

PRESCRIPTIONS**: ***NARCOTIC PRESCRIPTIONS WILL NOT BE REPLACED IF LOST OR STOLEN
*** PATIENTS MUST REQUEST REFILLS***, WE WILL NOT RESPOND TO PHARMACY REQUESTS.
APPOINTMENTS**: **$40.00 NO SHOW FEE** INSURANCE COMPANIES ***DO NOT REIMBURSE FOR NO SHOW FEES.
***FILLING OUT FORMS**: DEPENDING ON COMPLEXITY, WE DO CHARGE BETWEEN $20 - $30 FOR COMPLETING FORMS

PATIENT/GUARDIAN SIGNATURE: _____

$ OWED _____ **$ PAID** _____ **CC CA CK#** _____ **POSTED? Y N SCANNED BY:** _____