EAST TENNESSEE VASCULAR CENTER, PLLC
SHAHIN ASSADNIA, M.D.
1125 West 1st North Street, Suite B
MORRISTOWN, TN 37814
PHONE (423) 317-6560 FAX (423) 317-6570

MEDICATION RECORD:

PATIENT NAME:________________________________ **PHARMACY:**________________________

ALLERGIES: ____

*** Please “DO NOT” write in small boxes**

Date:

Medications:																								
Ex: Aspirin																								