# James Jeremy Hether, D.C.

Chiropractic Physician

2719 South Woodland Blvd.
DeLand, FL 32720
Phone: (386) 734-0702
Fax: (386) 734-6924


**Name: _____**

**DOB: _____**

**Please list all prescriptions by name, milligram/ units and frequency**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

**Medications you are allergic to:**

1. _____
2. _____
3. _____
4. _____
5. _____

**___I do not take any medications.**

**Signature:_____Date:_____**