



Physicians Dedicated to
Excellence in Dermatology™

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RETURNING Patient: please fill out the top ½

NAME _____ DATE _____

Email address: please -appointment reminders, health & practice updates, health information _____

Problem for today's visit _____

Past treatment & Result - for problem _____

Current medications _____ Allergies _____

Please draw where items of concern are today. THANK YOU

Doctor Read:

CC: _____

PE. FINDINGS _____

LAB RESULTS _____

DIAGNOSIS: 1. _____ Treatment: _____

2. _____ Treatment: _____

3. _____ Treatment: _____

RX: discussed: ABCDE'S, SUN PROTECTION, SKIN CANCER, SKIN SURGERY, WOUND CARE,
SIGNS OF INFECTION, BENEFIT/RISKS/ALTERNATIVES OF RX. ALL QUESTIONS ANSWERED

RETURN/CALL OFFICE _____