CTNC Central Texas Neurology Consultants

Diseases of the Brain, Spine, Nerves and Muscles

Edward J. Fox, M.D. Ph.D Stephanie Agrella, N.P.

PATIENT NAME_____ **DOB:** _____

Medication Allergies:_____

Disease Modifying Agent: (Circle one) Date: _____

Aubagio Avonex Batiertam Betaseron Copaxone/glatirameter acetae Gilenya Kesimpta Lemtrada Ocrevus Plegridy Ponvory Rebif Rituxan Tecfidera/dimethyl fumarate Tysabri Vumerity Zeposia Other: _____

List of Medications: Please include over the counter medicines and vitamins/supplements	Dosage (mg) in each pill	Number of Tablets taken at a time	Number of times per day medicine is taken (1, 2, 3, 4, or 'as needed')

Please allow 48 hours for Medication refills

Contact your pharmacy for refills, they will contact us. Keep in mind that some prescription refills may require an office visit.

List of problems you wish to discuss with Dr. Fox or Stephanie Agrella, N.P.
(Prioritize the most important symptom or problem you are experiencing)

1. _____

2. _____

3. _____

Physician's Initials _____