

# MEDICATION LIST

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

**LIST ALL MEDICINES YOU ARE CURRENTLY TAKING:** prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, ginkgo). Include medications taken as needed (example: nitroglycerin).

| NAME OF MEDICATION | DOSAGE (HOW MUCH) | FREQUENCY (HOW OFTEN) |
|--------------------|-------------------|-----------------------|
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MEDICATION LIST COMPLETED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

MEDICATION LIST REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

MEDICATION LIST REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

MEDICATION LIST REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

