

# MEDICATION INFORMATION SHEET

TO BE FILLED OUT BY PATIENT:

PLEASE list **ALL** the medications/herbal remedies that you take routinely. Be sure to include the dosage and the frequency (when you take them).... If you are unsure, look on your prescription bottles.

DRUG

DOSAGE

FREQUENCY

ORDERING PHYSICIAN

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**ALLERGIES:** please list drug and reaction

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Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_