

Medication List for _____

INCLUDES PRESCRIPTION AND OVER-THE-COUNTER herbals and vitamins

Medication <i>Prescriber - Condition - Taken since...</i>	Mg./ Tablet	Morning	Lunch	Dinner	Bedtime
<i>Medication Name</i>	<i>dosage</i>	<i># of tablets</i>	<i># of tablets</i>	<i># of tablets</i>	<i># of tablets</i>
<i>Prescriber - Condition - Taken Since</i>					

☐ SEE ADDITIONAL PAGE(S)

Revised by Dr. _____ **on** / /

List changes: _____

Allergies and Adverse Reactions: _____

Emergency Contact & Phone #: _____

☐ SEE ADDITIONAL PAGE(S)

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