

## Patient Medication List

Medications <small>(please include Herbs and over-the-counter)</small>	DATE:		DATE:		DATE:		DATE:		PRESCRIBER
	Dose	Frequency	Dose	Frequency	Dose	Frequency	Dose	Frequency	
1 <b>Example Medication</b>	<b>100mg</b>	<b>am &amp; pm</b>	<b><i>These columns are used for future appointments.</i></b>						<b>Dr. Duck</b>
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<b>Reviewed By:</b>									

Pharmacy: \_\_\_\_\_

Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

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

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