CURRENT MEDICATIONS

- **Patient's Name**: _______________________________**Date:** ___________
- **Are you allergic to any medication? Yes___ No____ if yes, please list?**
  ____
- **Preferred Pharmacy**: ___________________**Address**_________________

PLEASE LIST YOUR CURRENT MEDICATIONS:

Medication / taken since ?	**Dosage (mg)**	**Medication / taken since ?**	**Dosage (mg)**

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