

MEDICATION LIST

Please list **ALL** prescriptions you are currently taking, as well as any over the counter medications, herbal medications and vitamins/minerals/dietary (nutritional) medications

<u>Name of Medication</u>	<u>Dose</u>	<u>Frequency</u>	<u>Method</u> (inj, oral, patch, ect)
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			