

It is important to keep the doctor informed of any medications you are currently taking and to document this in your file. We request that you fill out the medication list ***below at each annual visit to the office, even if there are no changes.*** If you carry a list of medications with you, we can make a photocopy of that list. Thank you for your cooperation.

NAME: _____

DATE: _____

Please list your current medications, both prescriptive and over the counter.

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____