

## Medication Documentation

*In order for us to provide the best healthcare, it is important for us to know the medications you are taking. Please fill out this form and bring with you to your appointment.*

*Below, please list each medication you are currently taking including the following: prescriptions, over-the-counter medicine, herbals and vitamin/mineral/dietary supplements. Thank you!*

<b>Medication Name</b>	<b>Dosage</b>	<b>Frequency</b>	<b>Oral,shots, dermal Etc</b>	<b>Condition it is Treating</b>

Patient Signature: \_\_\_\_\_

Date