

**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.**

<b>Name of Medication</b>	<b>Dose</b>	<b>Frequency</b>	<b>Method (inj, oral, patch, etc)</b>
<b>1)</b>			
<b>2)</b>			
<b>3)</b>			
<b>4)</b>			
<b>5)</b>			
<b>6)</b>			
<b>7)</b>			
<b>8)</b>			
<b>9)</b>			
<b>10)</b>			
<b>11)</b>			
<b>12)</b>			
<b>13)</b>			