MEDICATIONS LIST

Please fill in all information as applicable prior to your appointment. This information is kept on file for insurance reporting purposes. You may wish to keep a copy for your records.

All Known Allergies and Medical Conditions

Allergy	Type of reaction, such as a rash or breathing difficulties		
Known Medical Conditi	ons:		
Current Medication	ne		
List all brand name	and gene	ric prescription and non-pres formation for each medication	cription medications that you are currently
Medication Name		Dose (such as 2mg, 1 tsp)	How often? (such as 3x/day)
-			