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CURRENT MEDICATION LIST

PATIENT NAME: ____ Today's date: ______________________

Patient's Date of Birth: ____

Please list any allergies (including the reaction) or indicate "NO KNOWN DRUG ALLERGIES"

Allergy: ____ Reaction: ____

____ ____

____ ____

____ ____

Please list all current medications with dosages: (name, strength and how often taken)

(Example) Motrin	800mg	Once every morning

Local Pharmacy Information:

Local Pharmacy Name: ____

Local Pharmacy Address: ____

____

Local Pharmacy Phone: ______________________________ Local Pharmacy Fax: ____________________________

Mail Order Pharmacy Information:

Name: (Medco, CareMark, Express Scripts, etc):____

The Pharmacy Card Number:____

The spelling of your name on the card:____

Revised 10/15/14.cmf