

# Medication List

Please list medications you are presently taking including all prescriptions, over-the-counters, herbals and vitamin/mineral/dietary (nutritional) supplements with each medication's name, dosage, frequency and administered route.

<b>Name</b>	<b>Dosage</b> (mg, ml, etc.)	<b>Frequency</b> (how often)	<b>Administered Route</b> (oral, topical, injection, etc.)

The information provided is accurate to the best of my knowledge \_\_\_\_\_

(Signature)

Date \_\_\_\_\_