Medication List

Chart #: ______________________

Patient Name: _____________________________ Date: ________________

Are you currently taking any of these medications:

Medication			Medication		
Aspirin:	________mg	______times/day	Norvasc:	_________mg	________times/day
Glucophage:	________mg	______times/day	Synthroid:	_________mg	________times/day
Lasix (Furosemide):	________mg	______times/day	Celebrex:	_________mg	________times/day
Pletal:	________mg	______times/day	Folic Acid:	_________mg	________times/day
Tylenol w/ Codeine:	________mg	______times/day	Glyburide:	_________mg	________times/day
Coumadin:	________mg	______times/day	Flomax:	_________mg	________times/day
Insulin:	________mg	______times/day	Imdur:	_________mg	________times/day
Percocet:	________mg	______times/day	Cozaar:	_________mg	________times/day
Plavix:	________mg	______times/day	Lopressor:	_________mg	________times/day
Trental:	________mg	______times/day	Lipitor:	_________mg	________times/day
Ultram:	________mg	______times/day	HCTZ:	_________mg	________times/day

What other medications are you taking: ____

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Please list all allergies you may have (including food allergies): ____________________________

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Patient Initials: _______________

M.D. Initials: _________________

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