

CURRENT MEDICATION AND ALLERGY LIST

PLEASE LIST ALL OF THE MEDICATIONS YOU ARE CURRENTLY TAKING, THE MG DOSAGE AND HOW OFTEN YOU ARE TAKING THEM. ALSO, LIST ALL OF YOUR MEDICATION ALLERGIES IN THE SPACE PROVIDED AND BRING ALL OF YOUR INSURANCE CARDS WITH YOU. IF YOU HAVE ANY QUESTIONS, PLEASE CALL OUR MAIN OFFICE AT (989)-793-6200.

MEDICATION NAME	MG DOSAGE	HOW OFTEN TAKEN
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

PLEASE LIST ALL YOUR MEDICATION ALLERGIES: _____

PHARMACY USED:

NAME: _____ **APPT DATE & TIME:** _____

LOCATION