

Current Medications

- I currently take NO medications
- See the current updated list I have provided today
- The following are my current medications (please see list below)

MEDICATION NAME	DOSE	HOW OFTEN

Medications You Are Allergic To

- I have NO medication allergies
- See the current updated list I have provided today
- The following are my current medication allergies (please see list below)

Medication Name

Patient Signature or Initials