

CURRENT MEDICATION INFORMATION

PATIENT INFORMATION

Name:		Date:	
Physician(s):	This Physician is seen for:	Physician(s):	This Physician is seen for:
1.		4.	
2.		5.	
3.		6.	

Pharmacy of Choice:	Phone Number if available:
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CURRENT MEDICATION REGIMEN

MEDICATION	DOSAGE	FREQUENCY	CONDITION / SPECIAL NOTES

OFFICE USE ONLY

Prescriptions to be issued:

<input type="checkbox"/> Amoxicillin	<input type="checkbox"/> Clindamycian	<input type="checkbox"/> Keflex
<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Lortab	<input type="checkbox"/> Demerol <input type="checkbox"/> 100mg <input type="checkbox"/> 50mg
<input type="checkbox"/> Peridex	<input type="checkbox"/> Xanax	<input type="checkbox"/> Chantix

Other: _____

Other: _____

Dr. Finley's initials: _____