



List of Medications

Why carry a Medication List? Medication Lists help reduce medication errors and can help prevent harmful drug interactions.

Patient's Name: _____ DOB: _____

Allergies: _____

Medications:	Dosage:	Reason:

I, _____ hereby acknowledge that I have listed all the medications I am currently taking to the best of my knowledge. I understand that if there are any changes or additions to my medication list, I will notify the office before starting my next visit.

Patient Signature: _____ Date: _____