



# MEDICATIONS, VITAMINS AND SUPPLEMENTS

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

	Name of Medication, Vitamin or Supplement	Prescribing MD	Reason for Taking Med	Dosage
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				