

## MEDICATION RECORD

PATIENT: \_\_\_\_\_

**DATE:** \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Drug Allergies

Medication	Reaction

## Continuing Medications

[illegible]

**PRN/OTC Medications (including: vitamins, herbal remedies, aspirin etc.)**

[illegible]