NCPA INNOVATION CENTER

# PATIENT MEDICATION LIST

**Name** _____ **Date of Birth** _____

**Allergies** _____ **Pharmacy** _____

| REGULAR PRESCRIPTION MEDICATIONS | | | |
|---|---|---|---|
| **Drug** | **Dose** | **Route** | **Frequency** |
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| REGULAR OTCs, VITAMINS, AND SUPPLEMENTS | | | |
|---|---|---|---|
| **Name** | **Strength** | **Route** | **Frequency** |
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| AS NEEDED PRESCRIPTION MEDICATIONS | | | |
|---|---|---|---|
| **Drug** | **Dose** | **Route** | **Approximate Amount Taken Per Month** |
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| AS NEEDED OTCs, VITAMINS, AND SUPPLEMENTS | | | |
|---|---|---|---|
| **Drug** | **Dose** | **Route** | **Approximate Amount Taken Per Month** |
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**Date Medication List Reviewed** _____