



**Terrence W Coleman MD**  
GASTROENTEROLOGY  
*Board Certified Gastroenterology*

**PATIENT MEDICATION SHEET**

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

Preferred Pharmacy: \_\_\_\_\_ Pharmacy Phone # \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

**ALLERGIES (Medications and otherwise):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*LIST ALL MEDICATIONS, HERBAL SUPPLEMENTS, AND OVER THE COUNTER MEDICATIONS INCLUDING ASPRIN, IBUPROFEN (ADVIL, MOTRIN), TYLENOL AND NAPROXEN (ALEVE)\*\***

**\*\*PLEASE ATTACH A LIST OF ADDITIONAL MEDICATIONS IF NEEDED\*\***

MEDICATION	DOSE	FREQUENCY	REASON FOR TAKING
<i>Example: Coumadin</i>	<i>5mg</i>	<i>once daily</i>	<i>Blood thinner</i>