INTERNAL ACCT# _____

PREMIER ORTHOPEDICS, PC

Current Medication List

MUST BRING COMPLETED TO YOUR APPOINTMENT

Patient Name:_____ DOB:_____/_____/_____
(Please Print)

Date this List was completed: _____/_____/_____

Pharmacy Frequently Used: _____

Pharmacy Phone Number: (_____)_____-_____

NOTE: LIST PRESCRIPTION AND OVER THE COUNTER

DRUG NAME	MILLIGRAMS PRESCRIBED	DISPENSED (Ex: 1-3x's daily)

INTERNAL ACCT# _____

Patient Name:_____ DOB:_____/_____/_____
(Please Print)

DRUG NAME	MILLIGRAMS PRESCRIBED	DISPENSED (Ex: 1-3x's daily)