ALLERGIES:	.1		
and the second second	Home Medications		. **
	Dose/Route/Frequency		Indication
	(Include Herbal/OTC/Vitamins)  Patient takes no medications		
	1 attent takes no medications		
			,
			L.
Information obtaine	ed from:		
Patient/Family	☐ Bottles/List ☐ Old Records ☐ Reta	iil Pharmacy 🛮 MD Office Recor	ds \[ \Bar{\pi} Unable to Obtain
	sted above should not be changed based o		
notify the prescribi			Tr you have any questions
	ing physician.		
OR			
Make the following	g changes to the medications you are taking	ng:	
		-	
DUMOIOLANION	ATLIDE		
PHYSICIAN SIGN	ATUKE:	DATE:	TIME:

Patient Label

## PATIENT MEDICATION LIST