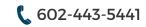


CURRENT PRESCRIPTIONS & MEDICATIONS

PATIENT NAME:	DATE OF BIRTH:
PREFERRED PHARMACY:	
PHARMACY ADDRESS & PHONE:	
CURRENT MEDICATIONS:	
RX NAME:	DOSE/DIRECTIONS:
PRESCRIBED BY DR:	
COMMENTS:	
RX NAME:	DOSE/DIRECTIONS:
PRESCRIBED BY DR:	
COMMENTS:	
RX NAME:	DOSE/DIRECTIONS:
PRESCRIBED BY DR:	
COMMENTS:	
RX NAME:	DOSE/DIRECTIONS:
PRESCRIBED BY DR:	
COMMENTS:	

List additional medications on next page...





PATIENT	NAME:
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CURRENT PRESCRIPTIONS & MEDICATIONS CONTINUED

RX NAME:	DOSE/DIRECTIONS:
PRESCRIBED BY DR:	
COMMENTS:	
RX NAME:	DOSE/DIRECTIONS:
PRESCRIBED BY DR:	
COMMENTS:	
RX NAME:	DOSE/DIRECTIONS:
PRESCRIBED BY DR:	
COMMENTS:	
RX NAME:	DOSE/DIRECTIONS:
PRESCRIBED BY DR:	
COMMENTS:	
RX NAME:	DOSE/DIRECTIONS:
PRESCRIBED BY DR:	
COMMENTS:	