



CURRENT MEDICATIONS

Per new insurance requirement, list must include all prescriptions, over-the-counter medications, herbals, and vitamin/mineral/dietary (nutritional) supplements and must contain the medications' name, dosage, frequency and route of administration

| Name of Medication | Dosage | Frequency | Route of Administration |
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I verify the above information is correct and will be used only by the Physical Therapist and his staff to ensure my health and safety.

Patient's Initials _____