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N/IN/I	$N/I \cap A$	UCSTIAN	Lict
IVIV	IVICU	lication	LI3L
,			

Name	

Please list current medications and bring to your doctor visits so we can update your medical records. Include aspirin,	herbs and
vitamins. Update the list if a medication is discontinued or added.	

Are you allergic to any medications? ____ No____ Yes, drug name(s)_____

Medicine	Dose/Directions	Comment	