Prescription Information

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin).

Date Started	Name of Medication/ Vitamin/Herbs	Dosage / Strength (eg.100 mg)	Directions: Sig (eg 2 x per day)	Date Stopped	Prescribing Doctor