ORLANDO HEALTH®

Mailing Address: 1414 Kuhl Ave. • Orlando, FL 32806

PLACE PILS LABEL HERE

PATIENT MEDICATION LIST

If you are taking any prescription medicines, over-the-counter medicines, such as vitamins, herbal remedies or supplements, please include them in the table.

MEDICINE HISTORY SOURCE		❑ No Current Medicines ❑ Unable to Obtain		
List of All Current Medicines / Strength	Dose	Route	Frequency	Last Taken Date / Time
EX: Aspirin - 325mg	1 Tablet	Oral	1 per Day	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

I acknowledge the above information to be accurate.

Patient/Legal Guardian Signature _____ Date:_____ Time:_____

NOT PART OF THE MEDICAL RECORD