

### Medication List

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Directions:** Please gather all your medications and complete this form by looking at the bottle/package for each medicine and fill out the information below. Bring this with you to every doctor's office and appointment. When changes are made, please print out and complete a new form to keep your list up-to-date. We also recommend brining the medicines with you to each appointment!!!

Medicine Name/ Strength	How many times do you take the medicine per day?	Prescribing Doctor

8501 Arlington Blvd, Suite 330 Fairfax VA, 22031  
Phone # 703-532-1700