Current Medication, Vitamin, and Supplement List
The following list is of medications taken in the last <u>2 MONTHS</u> -- on a regular schedule or as needed (such as Tylenol® or Advil®).

Name	Dose	Route of Admin	Frequency	Prescribing doctor (if applicable)	Reason for taking it	Date started taking it

Examples:

Name	Dose	Route of Admin	Frequency	Prescribing doctor (if applicable)	Reason for taking it	Date started taking it
Metformin	500 mg	Mouth	Twice a day	Dr. Smith	Diabetes	June 1998
Advil	400 mg	Mouth	As needed	None	Headache	January 1995
Greens to Go	1 packet	Mouth	Once a day	None	Diet supplement	May 2010