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MEDICATION LIST

_____ _____
(Patient Name) **(Today's Date)**

_____
(Date of Birth) **(Age)**

_____ _____
(Height) **(Weight)**

ALLERGIES:

CC:

NAME OF MEDICATION	DOSAGE STRENGTH	TIMES PER DAY

Richard A. Steckley, MD * Thomas L. Ashcom, MD* Layne M. Reusser, MD* Jason Tauke, MD*
Aziz Maksoud, MD* Dhaval R. Parikh, MD* Bassem Chehab, MD* Christian Hourani, MD* Patrick Ters, MD