

MEDICATION LOG SHEET

Patient's Name: _____ DOB: ____ / ____ / ____

Pharmacy: _____ Pharmacy Phone #: _____ Town: _____

Being Seen By:

- Dr. Behar
- Dr. Busono
- Dr. Greenberg
- Dr. Hersh
- Dr. Dixit
- Dr. Cherkassky
- Margaret Mullen, APN
- Jennifer Esena, APN

Do we have permission to retrieve your medication history for your medical record?

KNOWN DRUG ALLERGIES: _____

Current Medications:	mg / Strength:	Frequency:	Prescribed By:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Prepared By _____ Date _____