

Hickory Office
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Hickory, NC 28601
Phone: 828-322-3898
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www.foothillsinternalmed.com

Hudson Office
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Hudson, NC 28638
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CURRENT PRESCRIPTION MEDICATION LIST

PERFERRED PHARMACY _____

PHARMACY'S PHONE# _____

Please list any allergies to medication including specific types of X-ray dyes and drugs:

CURRENT MEDICATION LIST

Please list the name of all prescriptions and over-the-counter medications you are currently taking. This list should include any vitamins, herbs, or any other nutritional supplements. Make sure to list the current dose, strength, and frequency it is taken.

EXAMPLE:

Name of medication: Aspirin

Dose or strength of medication: 500 mg

Directions: take one by mouth daily

1. Name of medication: _____

Dose or strength of medication: _____

Directions: _____

2. Name of medication: _____

Dose or strength of medication: _____

Directions: _____

3. Name of medication: _____

Dose or strength of medication: _____

Directions: _____

4. Name of medication: _____

Dose or strength of medication: _____

Directions: _____

5. Name of medication: _____

Dose or strength of medication: _____

Directions: _____

**PLEASE REMEMBER TO BRING ALL OF YOUR MEDICATION BOTTLES
(EVEN THOSE PRESCRIBED BY OTHER PHYSICIANS) TO ALL OF YOUR APPOINTMENTS.**