Treasure Coast Dermatology

Medication List

Patient Name: _____ Date: _____

List ALL known prescriptions, over-the-counters, creams, herbals, and vitamin/mineral/dietary supplements.

Medication Name	Strength	How Often	Route of Administration (by mouth, injection, topical, sublingual)
Example: *Baby Aspirin*	*81mgs*	*once a day*	*by mouth*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____