



**Improve Your Hearing...Improve Your Life!**

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**LIST OF CURRENT MEDICATIONS**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First, Middle Initial, Last

As part of the *National Quality of Care Initiative*, we need to have records of your current medication list. Please list all of your medications, including prescription medications, over-the-counter medications, supplements, vitamins, and herbs.

<b>Medication Name</b>	<b>Dosage</b>	<b>Frequency</b> <i>Times per day &amp; time of day</i>	<b>Delivery Method</b> <i>Oral, injection, patch, etc.</i>

**Monthly Travel Clinics**

*Cordova      Craig      Haines      Ketchikan      Petersburg      Sitka      Wrangell*