M.P. VEERABAGU
UNIVERSAL MEDICATION FORM

PATIENT NAME_____DOB_____

ALLERGIC TO	ALLERGIC TO

MEDICATIONS: INCLUDE ALL PRESCRIPTON AND OVER THE COUNTER MEDICATION.INCLUDE ALL HERBALS.INCLUDE MEDICATIONS TAKEN AS NEEDED. INCLUDE DOSAGE OF EACH MEDICATION

NAME OF MEDICATION	**DOSAGE AND DIRECTIONS**	DATE STOPPED	RX	

Jan 20, 2014