Rio Grande Comprehensive Upper Extremity Center Patient Medication List

| Name: | | | | Medication | tion Allergies: | |
|--------------|---------|-------------------------|-----------------------------------------------------------|--------------------------------------------|---------------------|------------------------------------------|
| Date: | | | | | | |
| | | | | | | |
| rescriptions | • | | | | | |
| ame | Dose | How many times per day? | When do you take it? (Morning, night, After meals?) | Who prescribed it? (Physician's last name) | Why do you take it? | Do have any side effects? Describe them. |
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| ver-the-cou | nter me | l dications, herba | l remedies, vitami | ns | | |
| ame | Dose | How many times per day? | When do you take it? (Morning, night, After meals?) | Who recommended it? | Why do you take it? | Do have any side effects? Describe them. |
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