



# Medication Update

Due to recent changes with our practice being an Accredited Practice, we now require an update with our patient's medications at each Maintenance appointment.

As you will notice the information we require is much more detailed than previous.

If you can complete this form at home and return to us at your next scheduled appointment we would greatly appreciate it.

Name - \_\_\_\_\_ Local Doctor - \_\_\_\_\_

## CURRENT PRESCRIPTION MEDICATION

NAME	DOSAGE	WHEN YOU TAKE IT	HOW LONG YOU HAVE BEEN TAKING THIS MEDICATION
EG. CALTRATE	600mg	MORNING X 1 TAB	2 YEARS

## CURRENT SUPPLIMENT MEDICATIONS

NAME	DOSAGE	WHEN YOU TAKE IT	HOW LONG YOU HAVE BEEN TAKING THIS MEDICATION
EG. FISH OIL	1500mg	MORNING DAILY	ONE YEAR

Signature \_\_\_\_\_

Date \_\_\_\_\_