Patient Name	D.O.B.	Medical Record #	Updated
			28 April 2018

To ensure excellent care, we must update patient medications and allergies at *every* visit.

PATIENT MEDICATION AND ALLERGY LOG					
Today's Date	**Current Medications Dose**	**Route**	**Frequency**	**Refills**	**MA Initials**
Today's Date	**Sample Medication Dose**	**Lot #**	**Expiration date**	**Quantity**	**MA Initials**

Herbal or Over the Counter Medications:

Pharmacy	Phone #	Fax #
List All Allergies below: (Medication and NonMedication)		

Latex ☐ Iodine ☐ Shellfish ☐

Legal Signatures	Initials