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List any medications you are currently taking:

Medication	Dosage	Medication	Dosage	Medication	Dosage

Note if there are any changes since your last visit:

Changes (YES/NO) Initial, Date	Changes (YES/NO) Initial, Date	Changes (YES/NO) Initial, Date

To the best of my knowledge, the above information is complete and correct.
 I understand that it is my responsibility to inform my doctor if I or my minor child has a change in health.

 Patient or Guardian Signature Date: ____ / ____ / ____