

MEDICATION LIST



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mary@funkhousershaffer.com

NAME:	
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PHONE:	
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PHARMACY: (List 2)	
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Are you enrolled in Pace/PaceNet? YES or NO
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 **PLEASE PRINT**

MEDICATION NAME: (Example: Simvastatin, Lantus etc...)	DOSAGE: (Example: 50mg, .5%, 2ml etc...)	FREQUENCY: (Example: 2 x day, 1 vial/month, etc...)

↪ IF YOU TAKE THE GENERIC MEDICATION WRITE ONLY THE GENERIC NAME

↪ PLEASE CHECK THE BOX IF YOU USED THE BACK OF THIS PAPER FOR ADDITIONAL INFORMATION