



Current Medications List

This detailed information is required under Medicare Guidelines.

Medication: _____ Reason: _____

Dosage: _____ Frequency: _____ Taken via: Orally Topically Inhalation Suppository Other

Medication: _____ Reason: _____

Dosage: _____ Frequency: _____ Taken via: Orally Topically Inhalation Suppository Other

Medication: _____ Reason: _____

Dosage: _____ Frequency: _____ Taken via: Orally Topically Inhalation Suppository Other

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