

Pasteur Medical Associates, P.A.
Medication List

Please list ALL medications you are currently taking (including birth control pills, vitamins, aspirin, ibuprofen, herbal supplements, etc.)

NAME	DOSE	FREQUENCY
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
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17. _____		
18. _____		