



Patient Name \_\_\_\_\_ Acct# \_\_\_\_\_ Date \_\_\_\_\_

**PATIENT DOCUMENTATION OF CURRENT MEDICATIONS**

Medicare requires all Medicare patients to document their current list of medications. This list must include ALL prescription medications that you are currently taking, over-the counter medications, and ALL herbal/vitamin/mineral/dietary/nutritional supplements. You MUST document the medication name, dosage, frequency and route of administration below. Please use more than one sheet if needed.

| Medication/OTC/Supplement | Dosage | Frequency | Route of Administration<br>(oral, topical, suppository,<br>inhalant, intravenous) |
|---------------------------|--------|-----------|---|
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I, \_\_\_\_\_, do hereby attest that this information is true,  
Patient Name (please print)  
accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date