MUIR ORTHOPAEDIC SPECIALISTS
SPECIALIZED • INNOVATIVE • COMPASSIONATE

MEDICATION RECORD

Please complete the following information for review by your provider.

Name: _____ Birth Date: _____ Age: _____

Today's Date: _____

Medications you currently take (including over the counter medications, vitamins, herbs, & prescribed drugs):

☐ See separate medication list

Date	Medication	Dosage/Frequency	*Additional Information*

10/05/15 ks