Grossman Podiatry Center
family footcare since 1932

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Patient Medication List

Patient Name: _____ DOB: _____

List your prescription and non-prescription medications below, including:

Pills, liquids, herbal, over the counter medications, eye drops, lotions, patches, suppositories, etc.

~ Simply cross out any medications that you stop taking.

~ Bring this list with you when you visit a doctor's office.

MEDICATION	REASON FOR USE	DOSAGE	TIMES PER DAY	SPECIAL INSTRUCTIONS