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Medications

Please list all the medications you are now taking, including those you buy without a doctor's prescription (over-the-counter, supplement, herbals, etc.) Please include the dose/frequency for each medication you list.

1. _____	Dose/Frequency _____
2. _____	Dose/Frequency _____
3. _____	Dose/Frequency _____
4. _____	Dose/Frequency _____
5. _____	Dose/Frequency _____
6. _____	Dose/Frequency _____
7. _____	Dose/Frequency _____
8. _____	Dose/Frequency _____
9. _____	Dose/Frequency _____
10. _____	Dose/Frequency _____
11. _____	Dose/Frequency _____
12. _____	Dose/Frequency _____
13. _____	Dose/Frequency _____
14. _____	Dose/Frequency _____
15. _____	Dose/Frequency _____
16. _____	Dose/Frequency _____
17. _____	Dose/Frequency _____
18. _____	Dose/Frequency _____
19. _____	Dose/Frequency _____
20. _____	Dose/Frequency _____