

**Amarillo Nephrology Associates, P.A.**

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*Kidney Diseases*

*Arterial Hypertension*

*Kidney Transplant*

*Fluids and electrolytes*

*Hemodialysis*

*Peritoneal Dialysis*

**LIST OF MEDICATIONS**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please list all the medications that you are taking. Remember to include any over-the-counter medications. Please include the NAME of the medications, STRENGTH, AMOUNT, and HOW OFTEN you take it. Please list any problems you may have with any of these medications. All of this information will help the doctor during your office visits.

**PLEASE KEEP A COPY WITH YOU AT ALL TIMES.**

**THANK YOU.**

Name of Medications	Strength	Directions	Prescribed By	Pharmacy

**ANY PROBLEMS WITH ANY MEDICATIONS:** \_\_\_\_\_

**ALLERGIES TO**

**MEDICATIONS:** \_\_\_\_\_