**STEPHANIE F. CAVE, MD, MS, FAACP, IFMCP**

CYPRESS INTEGRATIVE MEDICINE
CURRENT MEDICATIONS AND SUPPLEMENTS

PLEASE PRINT/TYPE ALL INFORMATION – INCLUDE ALL MEDICATION & SUPPLEMENTS

NAME _____ DATE _____

| NAME OF PRODUCT OR TREATMENT | DOSAGE | FREQUENCY |
|---|---|---|
| *EXAMPLE: Vitamin C* | *500 mg* | *1 cap 2 x day* |
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