BONNEY LAKE
Physical Therapy & Hand Rehab, PLLC

Current Medication List

Please Print Clearly

Patient Name:_____ Date of Birth:_____

Please Include all prescribed medications, vitamins & supplements

Medication Name	Dosage	Frequency	T=tablet or pill, L=lotion, I=inhalent, P=patch, O=other	Reason for Medication

The undersigned acknowledges and agrees that the above information is true and correct.

Signature: _____ Date: _____