MID·CENTRAL ILLINOIS
GASTROENTEROLOGY
LTD

a member of
Premier Medical Group

CURRENT MEDICATION LIST (cont.)

Page ____

CODES

Refills = #/#
Begin = B Stop = X
Changes = Δ
Med List checked = √

Name _____

D.O.B. _____ Patient Record # _____

MEDICATION *Include over-the-counter medications*	**DOSAGE** *Strength and Frequency*	DATES										
REVIEWER INITIALS												
PROVIDER INITIALS												

09/01/11

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