Medication Log

Name:	Pharmacy Name:
Date:	Pharmacy Number:

LIST ALL MEDICATIONS (PRESCRIBED OR OVER THE COUNTER) THAT YOU ARE CURRENTLY TAKING						For Office Use Only: Updated/Initials
Date Started	Name of Medication	Date Stopped	Dosage/Frequency	Prescribing Physician	Comments	

LIST MEDICATION ALLERGIES:

My Contacts

My Doctors

TEXAS NEUROLOGY
6301 Gaston Avenue
Suite 100 West Tower
Dallas, TX 75214
(214) 827-3610

MEDICATION LOG

PLEASE MAINTAIN THIS MEDICATION LOG WITH YOUR CURRENT MEDICATIONS AND BRING WITH YOU TO EACH OFFICE VISIT