Steve Marinkovich, D.D.S.

My Medication List

Name: _____
Doctor/Phone Number: _____Fax: _____
Pharmacy/ Phone Number: _____Fax:_____
Please list below all prescriptions, over-the-counter medicines, vitamins, herbs, dietary supplements, oxygen, inhalers and homeopathic remedies.

Medication Name	**Dose** (mg, drops, etc.)	**When Taken** (daily, at bedtime, etc.)	**Reasons for Taking** (blood pressure, diabetes, etc.)

Allergies and Reactions (please describe):

Universal Medication Form
Steve Marinkovich, D.D.S.
Medication list 08/06
(T) +1.253.474.3223 (F) +1.253.473.6762