

PRESCRIPTION MEDICATION & SUPPLEMENT DATA SHEET
EXAMPLES ARE USED

NAME:

TODAY' S DATE:

YOUR PHARMACY:

YOUR PHARMACY'S TELEPHONE NUMBER:

ALLERGIES: FOOD, DRUG, ENVIRONMENTAL ETC

PRESCRIPTION MEDICATIONS

NAME	STRENGTH	NUMBER PER DAY	AM/PM
Lasix EXAMPLE	10mg	2	PM
Etc			

SUPPLEMENTS

NAME	STRENGTH	NUMBER PER DAY	AM/PM
Calcium EXAMPLE	500mg	1	AM

For Fish Oil supplements please include the following: EPA= mg/serving
DHA= mg/serving

If you choose to have blood tests drawn outside of Fox Valley Wellness
please provide the name and telephone number of the laboratory you would use

LABORATORY:

TELEPHONE: