LOS PALOS GASTROENTEROLOGY SPECIALISTS INC.

SALINAS LOCATION: 658 E ROMIE LANE, SALINAS, CA 93901. PH: 831-424-8888 FX: 831-424-8889 WATSONVILLE / FREEDOM: 243 GREEN VALLEY RD STE E, FREEDOM, CA 95019. PH: 831-722-8807 FX: 831-722-8809

MEDICATION LIST

NAME: _____ DOB: _____ EMR: _____

It is essential that we know what medications you are taking. Please list the name of the medications that you are taking, the dosage strengths, and how you are taking the medication. If there is any doubt in your mind regarding the name or dosage strength of a medication, please bring them with you on your next visit. Also, please be certain to list any medications prescribed by other physicians.

MEDICATION NAME	DOSAGE	QUANTITY/DIRECTION
EXAMPLE: Aciphex	20 mg	one tab daily

ALLERGIES: