ADVANCED INTERVENTIONAL PAIN CONSULTANTS
JAIME ROBLEDO, M.D.

LIST OF CURRENT MEDICATIONS

Patient Name:_____ **DOB:**_____ **Date:** _____

FULL NAME OF MEDICATION	FIRST AND LAST NAME OF DOCTOR WHO PRESCRIBED IT	HOW DO YOU TAKE IT? 1. 1,2,3,4, etc., X a day 2. Every # of hours 3. As needed