ADVANCED INTERVENTIONAL PAIN CONSULTANTS

LIST OF CURRENT MEDICATIONS

NAME:	DOB:

		HOW DO YOU TAKE IT?
	FIRST AND LAST NAME OF	1. <u>1,2,3,4, etc.</u> , X a day
FULL NAME OF MEDICATION	DOCTOR WHO PRESCRIBED IT	2. <u>Every # of hours</u>
	BOOTON WITO T NESCHIBED IT	3. As needed
		31 No needed