Premier Neurology and Wellness Center
1050 SE Monterey Rd. STE 302
Stuart, FL 34994

Date:_____

Patient Name:_____Date of Birth:_____

PLEASE LIST ALL MEDICATIONS YOU ARE **CURRENTLY** TAKING AND WHO PRESCRIBES THEM.
(OR TAPE CURRENT LIST TO THIS LIST)

IF YOU DO NOT TAKE ANY MEDICATIONS, VITAMINS, HERBAL REMEDIES OR OVER THE COUNTER DRUGS, PLEASE STATE THAT.

| LIST OF CURRENT MEDICATIONS | | |
|---|---|---|
| **MEDICATION NAME AND STRENGTH** | **DOSAGE** | **PHYSICIAN & PHONE #** |
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| **VITAMINS / HERBAL REMEDIES / Over the Counter Drugs** | | |
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