Clear

MEASE PRE-ADMISSION TESTING MEDICATION HISTORY

Medications / Vitamins / Herbal Supplements	Prescribing Doctor	Dose	Frequency (2x per day or 1 in am / 1 in pm)	Date Prescribed	Still Taking as Prescribed
					Yes
					Yes
					Yes
					Yes
					Yes
					Yes
					Yes
					Yes
					Yes
					Yes
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					Yes
					Yes
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					Yes
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					Yes
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					Yes
					Yes
					Yes
					Yes