MEDICATION DOCUMENTATION

Recommended for all and REQUIRED for Medicare Patients

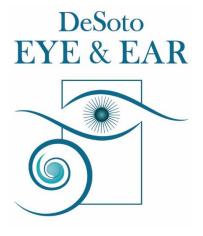
Middle

Name:

First

Due to new Medicare guidelines for Audiologists, it is mandatory that we document current medications prior to billing for your services. Please fill out this form and bring with you to your appointment.

Below, please list each medication you are currently taking including the following: prescriptions, over-the-counter, herbals, and vitamin/ mineral/dietary supplements.



MM / DD / YYYY

MEDICATION NAME	DOSAGE	FREQUENCY	ROUTE Oral, Shots, Dermal, etc.
Patient Signature:		Date:	

Last

Date of Birth: