

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_

### MEDICATION INFORMATION INCLUDING OVER THE COUNTER MEDICATION

Dr Stefana Pecher, LLC  
Country Doc Walk-In Wellness LLC

Allergies:

Revised 2/2015

NAME OF MEDICATION	STRENGTH/DOSE	# OF PILLS/SCHEDULE MORN/NOON/EVE/BED	REASON FOR MEDICATION	PHARMACY	PATIENTS INITIALS/ DATE	REVIEWED BY/DATE