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LexingtonWomensCare.com

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Universal Medication Form							
Name:	ne: Date form started:						
Birth Date:		Emergency Contacts (name and number)					
Address:		1	()				
Phone Number:		2	()				
IMMUNIZATION RECORD (Record the date/year of the last dose taken, if known)							
Tetanus	Flu Vaccine(s)	Other					
Pneumonia Vaccine	Hepatitis Vaccine						
Allergic To			Describe Reaction				

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, ginkgo). Include medications taken as needed (example: nitroglycerin).

DATE	Name of Medication and Dose	DIRECTIONS: Use patient friendly directions. (Do not use medical abbreviations.)	DATE STOPPED	NOTES: Reason for taking and Doctors Name
8529-054-1 (9/17)				