PATIENT NAME: _____ **Birthdate:** _____/_____/_____ **Date:** _____/_____/_____

MEDICATION	STRENGTH/MG	HOW TAKEN
Advair		
Albuterol		
Aleve		
Allopurinol		
Amitriptyline		
Amlodipine		
Aspirin		
Ativan		
Atrovent		
Baclofen		
Benicar		
Calcium		
Celebrex		
Citalopram		
Clonidine		
Coumadin		
Diazepam		
Diclofenac		
Digoxin		
Effexor		
Flomax		
Flovent		
Fluoxetine		
Fosamax		
Furosemide		
Glipizide		
Hydrochlorothiazide (HCTZ)		
Hydrocodone		
Ibuprofen		
Insulin		
Klor-Con		
Lantus		
Lasix		
Levothyroxine		
(EMR commonmedlist 11-11.xlsx) (updated 11-30-12)		

MEDICATION	STRENGTH/MG	HOW TAKEN
Lipitor		
Lisinopril		
Losartan		
Lyrica		
Meloxicam		
Metformin		
Methocarbamol		
Omeprazole		
Oxycodone		
Paxil		
Pepcid		
Potassium		
Pravastatin		
Prednisone		
Premarin		
Prilosec		
Protonix		
Ramipril		
Ranitidine		
Sertraline		
Simvastatin		
Synthroid		
Toprol		
Tylenol		
Xanax		
Zolpidem		

OTHER MEDICATIONS

DO YOU HAVE ANY OF THE FOLLOWING:
Pacemaker ___yes ___no
Aneurysm clips ___ yes ___no
Cochlear implant ___ yes ___ no
Spinal Stim Implant ___ yes ___no
Please list any other implants:

785 E Holland
Spokane, WA 99218
509-466-6393 fax 509-466-3072

Preferred Pharmacy:

_____

_____

Verified by: _____
Verified with: _____
Date verified: _____/_____/_____