

## TEL: 509.773.7117



## **Current Medications List**

Pharmacy, healthcare providers and healthcare facilities may not have your most up-to-date, current medications list. Completing this form can help prevent potential interactions in prescribing or dispensing medications. If you would like a copy of this list for your personal records, please ask a member of our pharmacy staff.

First Name:	M.I	Last Na	me:	
Date of Birth:	Sex:	M	F	(Biological)

DRUGS, VITAMINS & SUPPLEMENTS	DOSAGE STRENGTH	DIRECTIONS	REASON FOR TAKING	PRESCRIBING PROVIDER