

**MEDICATION RECORD**

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To our patients, in order to complete your medical records we will need a complete list of all of your current medications, to include prescriptions, over the counter medications and herbal remedies. Please include the drug/product name, the dosage, frequency and how you take it. For example: Prescription: Cipro      Dosage: 500mg tablet      Frequency: Twice daily      Type of delivery: by mouth

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ I am not currently taking any medications of any kind.  
Initial

<u>Prescription:</u>	<u>Dosage:</u>	<u>Frequency:</u>	<u>Type of delivery:</u>	<u>Date of change:</u>

<u>Over the counter meds:</u> (Vitamins, etc.)	<u>Dosage:</u>	<u>Frequency:</u>	<u>Type of delivery:</u>	<u>Date of change:</u>

<u>Herbal remedies:</u>	<u>Dosage:</u>	<u>Frequency:</u>	<u>Type of delivery:</u>	<u>Date of change:</u>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_