

# Medication List

**PHARMACY:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

ALLERGIES	
1.	4.
2.	5.
3.	6.

<b>MEDICATIONS</b> (Including over-the-counter & herbal preparations)			
MEDICATION	DOSE	FREQUENCY	REASON
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Scottsdale Thompson Peak Wound Clinic  
 7400 E. Thompson Peak Parkway Scottsdale, AZ 85255  
 Phone: 480-324-7800 Fax: 480-324-7957

PATIENT LABEL

# Medication List

PHARMACY: \_\_\_\_\_ PHONE: \_\_\_\_\_

**ALLERGIES**

7.	10.
8.	11.
9.	12.

**MEDICATIONS**  
(Including over-the-counter & herbal preparations)

MEDICATION	DOSE	FREQUENCY	REASON
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			
41.			
42.			
43.			

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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