☐ **Plaza Medical Centre**
700 N Pearl St, Suite N208
Dallas, TX 75201
Tel: (214) 999-9355

Griego Family Medical Centre ☐
2701 S Hampton Rd, Suite 101
Dallas, TX 75224
Tel: (214) 330-9221

MEDICATIONS LOG

Patient Name: _____ **Date:** _____

Use this form to list the name of each medication you are taking, its dosage and timing. List all prescription medications and all over-the-counter medicines, including vitamins or other nutritional supplements, pain relievers, antacids, laxatives, and herbal remedies.

Name of Medication	Dose	Time(s) of day
Example: Synthroid 125 mcg	*1 tablet daily*	*7 AM*

List Any Drug Allergies: _____