

Southside OB/GYN, P.C.

Francisco A. Dueno, M.D.
Mary Lynn Zittrouer, FNP-BC

Patient Name: _____ Date: _____

Please list all medications you take, including those given to you by a physician and those you buy yourself from the store. Please include the dose you take, how often you take it and the physician that gives them to you.

Medication	Dosage	How Often	Physician
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____