

THE UNIVERSITY OF KANSAS PHYSICIANS

Department of Internal Medicine – Allergy, Immunology & Rheumatology

Patient Label

PATIENT PROVIDED INFORMATION:

Please provide an accurate list of your medications, over the counter and prescription. This list will be used to write refills of your prescriptions, so please include ALL of your medications.

Name of Medication	Dose (mg/ml/etc)	How many tablets are taken at a time?	How many times per day are they taken?
<u>Example:</u> ES Tylenol	500mg	2	3
1.			
2.			
3.			
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