Primary Health Group Forest
HCA Virginia Health System
An HCA affiliate

Medication List

Patient Name: _____ DOB: _____

Date List Started: _____ Page: _____ of _____

Updated by Medical Assistant/ Nurse during each visit.

RX Date	Medication Name & Strength To include over the counter meds such as vitamins, herbs, diet supplements	Dosage (mg, ml, etc)	How & When to Use (Daily, at bedtime, etc)	Stop Date