CENTER FOR SPECIALTY CARE, INC.
50 East 69th Street
New York, New York 10021
Tel. 212-249-8000
Fax 212-249-3321

Patient's Medication List (Please Print Legibly)

Medication	Dosage	# Times a day	Reason for Medication (e.g. High Blood Pressure)

Please fill out medications, dosages prescribed with, and how many times a day. Also include herbs, Vitamins, Minerals, and any other Supplements that you are currently taking.

Patient name _____ Signature _____

Date_____