

Medication List

Patient's Name:			Date	9/2/17					
DOB:			Provider's Initials	J. Reldan					
Drug Name	Dose	Freq.	Duration						
<i>Amoxicillin</i>	<i>500 mg</i>	<i>BID</i>	<i>1 month</i>	<i>N</i>					
				Change Dose (D) Refill (R) Discontinue (X) New (N)					