The GI Guy
KURT VERNON, MD, FACG
COLON, RECTAL, LIVER & DIGESTIVE DISORDERS
Compassionate, convenient health care.

MEDICATION LIST

Name:	**Address:**
Phone Number:	
Date of Birth:	

Allergic To/Describe Reaction:	**Pharmacy:**
	Phone:
	Address:

List all prescription and over-the-counter (non-prescription) medications such as vitamins, Aspirin, Tylenol, and herbals (ex: Ginseng, Gingko Biloba, St. John's Wort) Include prescription meds taken as needed, (ex. Viagra, Nitroglycerin.)

DATE	NAME OF MEDICATION	DOSAGE OF MEDICATION (EX. MG, MCG)	DATE OF LAST DOSE:	Reason for taking / MD Name

IMMUNIZATION RECORD (Record the last dose taken)
TETANUS
PNEUMONIA VACCINE
FLU VACCINE
HEPATITIS VACCINE

OFFICE USE ONLY

UPDATED_____BY_____ UPDATED_____BY_____ UPDATED_____BY_____

Patient Signature_____Date:_____

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