Current Medications List

Please fill out columns 1 and 2

DATE: as of _____

Prescription Medication	**Dosage and Time of day you take it**	**Comments** (For Dr. Lee to fill out)

Current Supplements List

Please fill out column 1 and 2

DATE: as of _____

Supplements	**Dosage and Time of day you take it**	**Comments** **(For Dr. Lee to fill out)**