RALEIGH ENDOCRINE ASSOCIATES

ENDOCRINOLOGY DIABETES & METABOLISM

Medication Sheet

Patient Name: _____ **Chart #:** _____

DOB: _____ **Phone#:** _____ **Perm. To leave msg.**_____

Pharmacy: _____ **Pharmacy Phone #**_____

Allergies:

_____ _____

_____ _____

MEDICATION	STRENGTH	DOSE	TIMING					
EX: Synthroid	100mcg	1 Tablet	Once Daily					