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					