VANISHING VEINS
NORTHWEST

MEDICATION LIST

Patient Name_____**Date**_____

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko).
Include medications taken as needed (example: nitroglycerin).

DATE	NAME OF MEDICATION / DOSE	REASON FOR TAKING/ DOCTOR NAME