MEDICATIONS

Patient:	Date:	
This list <u>must</u> include ALL prescriptions, over the count and vitamin / mineral / dietary (nutritional)	ers, herbals	

MANY MEDICATIONS CAN HAVE AN EFFECT YOUR HEARING, PLEASE INCLUDE ALL MEDICATIONS

** OFFICE USE ONLY **
SIDE EFFECTS

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Medication Name	Used For	Dosage	Prescribed		Side	Effects	
			Y or N	Comm	Uncom	Rare	Unk
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