NSG Northshore Center for Gastroenterology

Patient Medication Log

DATE: _____

PATIENT: _____ D.O.B: _____

PHARMACY NAME: _____ PHONE _____

Complete the medication log, and include all prescription and over-the-counter medication and vitamins (Please print).

CURRENT MEDICATION REGIMENT				
	Medication Name	Dose (ml/mg)	Frequency (Times per day)	Reason/Notes
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

1880 W. Winchester Road Suite 201 ● Libertyville, IL 60048 ● Phone: (847) 247-0187 ● Fax: (847) 247-0487