Wake Internal Medicine Consultants, Inc.
3100 Blue Ridge Rd., Ste. 100 & 300
Raleigh, NC 27612

Patient's Name: _____ **Date:** _____

List all medications, including prescriptions and over the counter, vitamins and/or supplements below:

Medication Name	Dosage	Taken how often	Taken for what condition

List any allergies that you have to medication and what reaction you had:

Medication	Reaction

☐ **No Known Allergies to Medications**

Preferred Pharmacy: _____ **Phone #:** _____
Location: _____