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

Patient's Name: Date:			ate:
List all medications, is supplements below:	ncluding presc	riptions and over the cou	inter, vitamins and/or
Medication Name	Dosage	Taken how often	Taken for what condition
	-	edication and what react	ion you had:
Medication	Reaction		
No Known Allergies	s to Medication	s	
Preferred Pharmacy: Location:			Phone #: