## Amarillo Urgent Care Medication List

**Patient Sticker** 

<u>Allergies</u>			
Do you have any allergies to medications (please circle one):	Yes	No	
Please list the medication and the reaction you have:			

## **Medications**

Please list all of your medications you take. (Including prescription, vitamins and over the counter medications)

\*If you already have a list, please give it to the receptionist to make a copy of\*

Medication Name	Strength	Times per day	What do you take it for?
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