

Martin H. Wagner, M.D.
Summit Medical Center
5651 Frist Boulevard, Suite 413
Hermitage, Tennessee 37076

Name: _____

Date: _____

Please list all medications and over the counter supplements (including vitamins) that you are taking.

<u>Name of Medication</u>	<u>Strength</u>	<u>How many each day, & time taken</u>	<u>Prescribed By</u>
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1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

Please tell us if you have concerns about any of these medications.
