san mateo RHEUMATOLOGY, INC

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MEDICATION LIST

(You may want to copy this list for your records or for other doctors)

Name_____ Date_____

Medication Allergies

☐ Penicillin ☐ Sulfa ☐ Other_____

Name	Dosage (mg.)	Times per day	Date Started

Nutritional Supplements

☐ Multi-Vitamin. ☐ Calcium w/ or w/out D
☐ B Complex. ☐ Vit C ☐ Vit D ☐ Vit E
☐ Chondroitin/Glucosamine
☐ Co Q10. ☐ Folic Acid
☐ Omega 3/Fish Oil

Other
_____
_____
_____
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