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Diplomate of American Board of Urology

Adult and Pediatric Urology

Medication Update

Please list the current medications that you are taking at this time so that we may update your file:

Patient's Name: _____

Pharmacy Phone Number: _____

| | Medication | Strength (mg) | Dosage (# times a day) | Date |
|-----|------------|---------------|---------------------------|-------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ | _____ |
| 11. | _____ | _____ | _____ | _____ |
| 12. | _____ | _____ | _____ | _____ |
| 13. | _____ | _____ | _____ | _____ |
| 14. | _____ | _____ | _____ | _____ |
| 15. | _____ | _____ | _____ | _____ |

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