



SIERRA MADRE COMMUNITY MEDICAL GROUP

147 W. Sierra Madre Boulevard, Sierra Madre, CA 91024

Medication

Patient Name: _____

DOB: _____

Allergies (please list any medication allergy or any known allergy)

Allergen/Medication	Reaction

Pharmacy

Name:	Address:	Phone:
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Prescription Medication

Medication Name	Dosage	Frequency

Over the Counter Medication (please include all supplements, herbs, etc)

Medication Name	Dosage	Frequency