O'CONNOR HOSPITAL
A COMMUNITY HOSPITAL

## PATIENT MEDICATION LIST

**Please list all the medications (pills, patched, injections, inhalers) you currently take with dosage and time of day taken. Please include VITAMINS, HERBAL MEDS, OVER THE COUNTER (Aspirin, Tylenol, etc.), AND IF ANY: ILLEGAL DRUGS.**

| MEDICATION | DOSE | FREQUENCY | LAST TIME TAKEN |
|---|---|---|---|
| MEDICATION | DOSE | FREQUENCY | LAST TIME TAKEN |
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