Phoenix Medical Group, PC
Patient Medication Record

Dr. Orr, Dr. Palnati, Dr. Yonan, NP Peg Schanne,
Dr. Gabir, Dr. Azima, Dr. Sanchez, Dr. Medina, Dr. Rodriguez

Patient Name: _____ Date: _____

Please bring medication record to each doctor's appointment and make changes as your medications change. Thank you.

Medication Name	Date Started	Dosage	Time of Day taken

Medications I am allergic to, or medications that have had unwanted side effects:

Medication Name	Dosage	Reaction & Date