

MEDICATION LIST

Date:		
Patient Name:		Date of Birth:
Please list all medications and supplements you	are currently taking:	
Name of Medication	Dose	Frequency
		

Schaumburg Office 929 West Higgins Road Schaumburg, IL. 60195 Elk Grove Village Office 120 East Higgins Road Elk Grove Village, IL. 60007 Bartlett Office 864 West Stearns Road Bartlett, IL. 60103 **Buffalo Grove Office** 404 North McHenry Road Buffalo Grove, IL. 60089 **847.285.4200** www.BarringtonOrtho.com

