AUDIOPROFESSIONAL
Hearing Centers

IN ORDER TO STAY COMPLIANT WITH NEW INSURANCE REGULATIONS, WE ARE REQUIRED TO ASK YOU FOR A LIST OF ALL YOUR PRESCRIPTION AND OVER THE COUNTER MEDICATIONS, HERBAL SUPPLEMENTS AND VITAMINS. THIS LIST MUST INCLUDE DOSAGE, FREQUENCY AND HOW YOU TAKE THE MEDICATION--FOR EXAMPLE: ORALLY, INJECTIONS, TRANSDERMAL (PATCH), INHALANT, ETC.

MEDICATION NAME: includes prescription, over the counter, vitamins & herbal supplements	**Dose Times per Day**	**How do you take it? (orally, injection, patch, inhaler, etc)**	**Why do you take it?**

FOR OFFICE USE ONLY: DATES OF MEDICATION REVIEW

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