LifePoint Acupuncture and Oriental Medicine 719-314-9121

Patient Daily Medicine Intake Form

(Prescriptions, Herbal, and Over-the-Counter)

Name:	Date:
Age:	

Medicine	Dosage	Times Per Day			
			A.M.	Noon	P.M.
			A.M.	Noon	P.M.
			A.M.	Noon	P.M.
			A.M.	Noon	P.M.
			A.M.	Noon	P.M.
			A.M.	Noon	P.M.
			A.M.	Noon	P.M.
			A.M.	Noon	P.M.
			A.M.	Noon	P.M.
			A.M.	Noon	P.M.
			A.M.	Noon	P.M.
			A.M.	Noon	P.M.
			A.M.	Noon	P.M.
			A.M.	Noon	P.M.
			A.M.	Noon	P.M.