Rheumatology Associates, P.A.
14-E Farmfield Avenue
Charleston, SC 29407

UNIVERSAL MEDICATION FORM

PATIENT NAME:_____

ALLERGIES:_____

PLEASE LIST ALL MEDICINES YOU ARE CURRENTLY TAKING. PRESCRIPTION, OVER THE COUNTER AND/OR HERBAL THERAPY. ALSO INCLUDE MEDICATIONS THAT ARE TAKEN AS NEEDED. EXAMPLES: ASPIRIN, ANTACIDS, GINSENG AND NITROGLYCERIN, ETC.

DATE	MEDICATION AND DOSE	DIRECTIONS	PRESCRIBING DR. NAME