HAYNE D. MCMEEKIN, MD

Current Medication List

Please provide us with a list of your current medications. We need to know the name of the medication, the strength you are taking, how much or how often you take the medication daily and how long you have been on the medication.

Medication	Strength/Dosage	Directions	How long on the medication	Prescribing Doctor

_____: _____ _____

Signature **DOB** **Today's Date**