PROVIDENCE GASTROENTEROLOGY
Designated Patient-Centered Specialty Practice
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MEDICATION INFORMATION

		Circle: **No Known Drug Allergies**
Patient Name	Date of Birth	**Or list Allergies:**
Pharmacy Name	Pharmacy Phone	
Pharmacy Address		

Date	***Medication*** ***(List Name of Medication, Dosage, amount of pills, how many time a day)***
Start	*Example* *Nexium 40 mg 1 tab 1 X a day*