

3125 Independence Dr.
Suite 108
Homewood, AL 35209



Office: 205-868-1313
Fax: 205-868-1314

Name: _____

DOB: _____

Allergies: _____

**MEDICATIONS AND SUPPLEMENTS
RECOMMENDED BY
MCMINN CLINIC PROVIDER**

Medication/Dose	Start Date	Stop Date

Supplements

Supplements	Start Date	Stop Date

ALL OTHER MEDICATIONS

Medication/Dose	Start Date	Stop Date

Supplements

Supplements	Start Date	Stop Date

(For Office Use Only)
REVIEWER OF THE FORM _____ **Date** _____