

Conditions I am being treated for:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Medication Allergies and Sensitivities:

**NON-PRESCRIPTION MEDICATIONS AND
HERBAL SUPPLEMENTS**

<u>Date</u>	<u>Medication Name/Strength</u>	<u>Directions</u>

Form No. 6271 (Rev. 4/04)



CEDARS-SINAI MEDICAL CENTER

Ambulatory Care Center

8723 Alden Drive

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ACC PEDIATRICS PRESCRIPTION REFILL FAX (310) 423-8269
ACC PEDIATRICS PRESCRIPTION REFILL INFORMATION (310) 423-6335 Selection 2
ACC ADULT PRESCRIPTION REFILL INFORMATION (310) 423-6401
ACC ADULT PRESCRIPTION REFILL FAX (310) 423-7485

Name: _____

MEDICATION RECORD