

MICHIGAN KIDNEY CONSULTANTS, P.C.

Patient Medication List

What medications are you allergic to?

What medications are you currently taking? *Please include name, strength, and frequency.*

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____
- 11) _____
- 12) _____
- 13) _____
- 14) _____
- 15) _____