



Dr Supriya Thirunarayanan MD
Comprehensive Neurology Center, PA

MEDICATION LOG

Patient Name:

DOB:

ALLERGIES TO MEDICATION:				
CURRENT MEDICATION REGIMEN				
MEDICATION	DOSE/SIG	DATE STARTED	DATE STOPPED	REASON TAKEN
ADDITIONAL INFORMATION				
PHARMACY:		PHONE NUMBER:	ADDRESS:	
PRIMARY CARE PHYSICIAN:		PHONE NUMBER:	FAX NUMBER:	
REFERRING PHYSICIAN:		PHONE NUMBER:	FAX NUMBER:	