Ortho Bethesda RESTORING FUNCTION
WASHINGTON Joint Institute at OrthoBethesda
Ortho Trauma BETHESDA
THE CAMALIER BUILDING, SUITE 506 · 10215 FERNWOOD ROAD · BETHESDA, MD 20817 · TEL (301) 530-1010 · FAX (301) 897-8597

# OrthoBethesda Clinical Services

## Medication List

Please complete the following list for any medication that you currently take. Please include prescription medications, over-the-counter medications, vitamins, herbs and supplements. If you already have a copy of an updated list prepared, please present the list to the front office staff. If you do not know your current medications, please bring the list to your next visit.

Patients Name: _____
Pharmacy: _____
Pharmacy Address (Street Name): _____

| **MEDICATIONS:** | **DOSAGE:** |
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| **Has the patient had any of the following vaccines within the last 5 years? When?** | **Has the patient ever had any of the following exams within the last 5 years? When?** |
|---|---|
| Influenza: | Mammogram: |
| Pneumonia: | Colonoscopy: |
| Tetanus: | |

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