Ortho Bethesda RESTORING FUNCTION
WASHINGTON Joint Institute at OrthoBethesda
Ortho Trauma BETHESDA

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OrthoBethesda Therapy 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 check the "See List" box below and present the list to the front office staff. If you do not know your current medications, please bring the list to your next visit.

☐ See list: I have provided a list of current medications to the front office.
☐ I will bring an updated list of medication at my next PT visit.
☐ See below for a list of current medications.

Medication:	Dosage:	Frequency:	Reason for Medication:

The above is true and correct to the best of my knowledge

Patient Signature:_____ **Date:**_____