Allergy, Asthma & Sinus Care Center
9701 Landmark Parkway Dr. | Suite 207 | St. Louis, MO 63127
Phone 314.849.8700 | Fax 314.849.8737

MEDICATION LIST

If you are currently taking any medications please complete the form below. If more space is needed, please write on the back of the form.

Patient Name _____

Date of Birth _____

Medication Name	Strength	Form	Quantity/ Frequency	Start Date	Reason for Medication
Example: Zyrtec	10 mg	Tablet	1X daily	1/1/08	Pollen Allergy