☐ **Brian O'Carroll, DPM** ☐ **Byron Collier, DPM**
911 Oak Park Blvd, Ste 106, Pismo Beach, CA 93449 t: (805) 481-9100 f: (805) 481-9199
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MEDICATIONS

Patient Name: _____Today's Date: _____

Please list all Prescribed and Over-the-Counter Medications and Supplements you currently take.

Medication Name	**Dose**	**Amount/Frequency**	**Route**
Example) Levothyroxine	***112 mcg***	***1 / day***	***oral***