**North Suffolk Endocrinology, PC**
**Joseph C. Terrana, MD, FACE**

# Medication List

Please list all the current medications you are on including over the counter products, herbal and dietary supplements, etc. If you have a list of your medication, we can make a copy of it. You do not need to rewrite the entire list. Thank you.

Pt. Name: _____ DOB:_____

| Medication Name | Dosage | How Often | Purpose for medication |
|---|---|---|---|
| Ex: Synthroid | 125 mg | 1 pill daily | Hypothyroidism |
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