ADVANCED CARDIOVASCULAR CARE CENTER, P.A.

ANNIE T. VARUGHESE, M.D. F.A.C.C. * KOZHAYA C. SOKHON M.D., F.A.C.C.

Medication Log

Date:_____

Patient Name:_____ Allergies:_____
Pharmacy Phone:_____

Medication	Strength/MG	Frequency (how many you take each day)	Refill Needed
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO