WELLNESS CONCEPTS, LLC
Re-awakening your natural function

Martin Plotkin, M.D., M.D.(H), F.A.A.O.S.

Medications/Supplements

Name _____

Please help us care for you better by telling us what prescriptions and over-the-counter medications you take. Please inform the doctor of any changes to this record at future visits.

Prescriptions						
Name of Medicine	**Dose** (total milligrams)	**How many times per day?**	**When taken?** (Morning and night? After meals?)	**Who prescribed it for you?** (Physician's last name)	**Why do you take it?**	**Do have any side-effects? Describe them.**
Over-the-counter medications, herbal remedies, vitamins						

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