Current Medication List

(Prescribed & Non-Prescribed)

Name: _____ Date:_____

It is helpful for Dr. Mimi to know the medications that you are taking, since some medications or the interaction of a few medications (while taking together) may cause hearing and balance problems.

Please list all the medications that you are taking. If you have a list of your medications, please give it to the office manager and she will make a copy for your chart. Thank you!

Do you use any tobacco products (circle one) Yes No

Medication	Purpose	Strength

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