Elizabeth B. Fraze, M.D.
1425 University Avenue
Palo Alto, CA 94301

MEDICATION SHEET

Patient Name: _____

To better serve you, please list all the prescribed medications, vitamins, OTC ("over-the-counter") medications, or herbs that you are currently taking (including the medications this office prescribes for you.)
Please update the frequency or dosage your are taking under the current visit date provided to you by the staff.
Please follow the legend to account for any non-changes or discontinuations of your medication. →

Legend

For	Use
No-Change	✓
Discontinue	DC
Restart	RS

If you are a NEW patient, please list your first appointment date as your first date of service. Circle the current year.
Please place a ✓ in all the columns under this date to show that you are currently on those medications.

DATES OF SERVICE

Medication	Rx or OTC	Dose	Frequency	___/___ 2016 / 2017	___/___ 2016 / 2017	___/___ 2016/ 2017	___/___ 2016 / 2017	___/___ 2016/ 2017	___/___ 2016 / 2017	___/___ 2016 / 2017	___/___ 2016 / 2017	___/___ 2016 / 2017
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Last created: 05/22/12