Please bring ALL your medicines to your next appointment.

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☐ Prescription r	nedicines.	Inhalers.
☐ Medicines you	u buy without	Injections.
a prescription	(like Tylenol®	Vitamins and herbal
or cold medic	ine).	medicines.
☐ Ointments or	creams.	Any questions you have
□ Bottles of dro	ne	about your medicines

Your next appointment is

Mon. Tue. Wed. Thur. Fri. Sat.

Date:______AM[] PM[]