DREVNA HUDSON
PHYSICAL THERAPY

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Medication Log

Please bring your completed medication log with you to your first appointment.

By law we are required to report all prescriptions, over-the-counter meds, vitamins and herbal supplements.

Name		Date	

Name of Medication	Dosage	Frequency	Route Taken	Purpose
ex: Aspirin	81 mg	1x per day	oral / injection / topical	heart health