GILMAN, CURALLI & GILMAN D.O. P.S.
1414 N VERCLER RD BLDG 4 SPOKANE WA 99216
509-924-4681

Today's Date: _____

Patient Name: _____ **Date of Birth:** _____ **Pharmacy:** _____

MEDICATIONS

Please bring a list of your medications on your first visit. Include over-the-counter medications if you take them on a consistent basis. If you prefer, just bring your medicine bottles with you on your initial visit. Please inform your physician of any changes made to your medications that he did not prescribe.

Medication Name, Dosage & Schedule	Prescribing Physician	Approx Date Started