

NAUGATUCK VALLEY CARDIOVASCULAR ASSOCIATES

1625 Straits Turnpike, Suite 209

Middlebury, CT 06762

866-621-6822 (toll free)

PATIENT MEDICATION LIST

Today's Date: _____

Patient Name: _____ **DOB:** _____

Please list all of your *current* medications including dosage and how often you take your medication.

For example: Toprol xl 50 mg tablet once daily

Name of Medication	Dosage or Tablet Size	Frequency or How Often Taken

Please list any medication allergies or adverse reactions below:

Name of Medication	Reaction or Side Effect of Medication

Date: _____ **Patient Signature** _____