SOUTHWEST NEUROLOGY, P.A.

WALTER L. TAYLOR, M.D.

Current List of Patients Medications

Label here **Date:_____**

Primary Care Doctor: _____

Height _____ Weight _____

Any Known Drug Allergies: _____

Please list your current medications:

Medication Name	Strength	How You Take It

reviewed and signed **Walter L. Taylor, III, M.D.** **date**

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