MEDICATION RECORD	DATE:

GASTROENTEROLOGY ASSOCIATES
GA ENDOSCOPY CENTER
Matthew J. Coleman, MD
H.L. Schneider, Jr., DO
Dean A. Edwards, MD
Timothy J. Edwards, MD

PATIENT: _____
First Name Last Name

ALLERGIES: _____

_____

PLEASE INCLUDE ASPIRIN, NATURAL HERBAL VITAMINS & SUPPLEMENTS.

MEDICATION NAME	DOSAGE (Example: mg, mcg)	HOW DO YOU TAKE THIS? (Example: Once a day)