Cardiology Specialists of Virginia PC

Paul J. O'Brien, M.D., F.A.C.C., F.A.C.P.
Laurance W. Kam, M.D., F.A.C.C.

Medication List

Name: _____

Date: _____ Page _____ of _____ pages

Directions: Please gather all of your medicines together and complete this form by looking at the bottle/package for each and every one and writing in the information. Use more pages if needed. Bring this with you to every doctor's office and appointment. When changes are made, please print out and complete a new form to keep your list up-to-date. *We also recommend bringing the medicines with you in a bag to each appointment!!*

Medicine Name	Medication strength (example-10mg)	How many do you take each time?	When do you take? (a.m., noon, p.m., bedtime, etc.)	Why do you take it?	Doctor who prescribed it

6715 Little River Turnpike, Suite 300 Annandale, VA 22003 ♦ (703) 751-6668