NORTH CAROLINA NEPHROLOGY, P.A.

1-877-NCN-NCN9 (1-877-626-6269)

MEDICATION LIST **Patient Name:**_____

Please list all medications prescribed by a physician, over-the-counter, and supplements (Examples: Aspirin, vitamins, fish oil, etc).

NAME OF MEDICATION	STRENGTH	DIRECTIONS FOR TAKING THIS MEDICATION	ARE YOU TAKING IT AS DIRECTED Y/N

ALLERGY LIST

NAME OF MEDICATION	REACTION	DATE OF ONSET