SPRING GROVE
PHYSICAL MEDICINE
& REHABILITATION

2100 Rte. 12, Suite 101
Spring Grove, IL 60081

MEDICATION LIST

Name: _____ **DOB:** _____ **Date:**

Allergies (include reaction and date):

_____

_____

_____

_____

Medications / Supplements / Over the Counter:

Medication (brand and generic)	*Dosage*	*Frequency*	*Route* (oral, injection, topical)