San Bernardino Medical Group
1700 N Waterman Avenue, San Bernardino, CA 92404
17051 Sierra Lakes Pkwy #103, Fontana, CA 92336
Phone: 909-883-8611 Fax: 909-881-5707

Name _____ Date Completed _____

DOB _____ Physicians _____

Allergies _____

- Complete the information below regarding all medications you are currently taking. List both prescription and non-prescription medications including any herbals or supplements you take
- Keep this list with you at all times, especially when you go to your doctor or if you are being admitted to the hospital. Remember to keep the list updated at all times!

Example:

Reglan	*10 mg*	*4 times daily*	*Stomach problems*
Medication	**Dosage**	**How Often**	**Reason**

Pharmacy Name _____

Pharmacy Phone Number _____

Blank copies of this form are available at **www.sbmed.com**