

Dr. Shabbir Jamali  
**CURRENT LIST OF MEDICATIONS**  
(including over the counter medications)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Pharmacy Address:** \_\_\_\_\_

**Pharmacy Phone Number:** \_\_\_\_\_

1. \_\_\_\_\_

11. \_\_\_\_\_

2. \_\_\_\_\_

12. \_\_\_\_\_

3. \_\_\_\_\_

13. \_\_\_\_\_

4. \_\_\_\_\_

14. \_\_\_\_\_

5. \_\_\_\_\_

15. \_\_\_\_\_

6. \_\_\_\_\_

16. \_\_\_\_\_

7. \_\_\_\_\_

17. \_\_\_\_\_

8. \_\_\_\_\_

18. \_\_\_\_\_

9. \_\_\_\_\_

19. \_\_\_\_\_

10. \_\_\_\_\_

20. \_\_\_\_\_

**DRUG ALLERGIES:** \_\_\_\_\_