



# CT Integrated Pain Consultants

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## Medication Master List

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Pharmacy name and address: \_\_\_\_\_

Pharmacy phone number: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

### Instructions:

1. List ALL medicines you are taking right now.
2. Cross off any medicine you no long take.
3. Keep this card with you at all times.
4. Show this card on every visit to doctor's office, emergency room or on admission to any hospital.
5. NEVER take any drugs prescribed for someone else.

Name of medicine	Dose and frequency	Prescribing doctor	Date started