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JACKSON COUNTY

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GASTROENTEROLOGY

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*Specializing in the Diagnosis and Treatment of Diseases of the
Digestive Tract, Liver, Pancreas, and Gallbladder*

Office:
816-229-1191
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Patient Medication List (Complete before your appointment)

Name: _____ Date of Birth: _____ Date: _____

In order to give the best care possible, a complete list of medications is required
List all medications you take, include dosage, how often or what time of day you take.

Medication Prescription or Over the Counter	Dose	Frequency	Completed after your visit/procedure		
			Continue	Start	Stop

Physician Signature Date

Physician Signature Date

Physician Signature Date

Physician Signature Date