United Interventional Pain Management
132-61 41st RD, 201, Flushing, NY 11355
Phone # 718-355-9119 Fax # 718-285-9600

Patient Name (last)_____ (first) _____ **Date of Birth**_____ 19_____

This form represents an ongoing reconciliation of the patient's medications, supplements, and herbal remedies as reported by the patient or prescribed by this practice. Medications not reported by the patient are not included in this reconciliation. This form is updated every office visit. Please include all herbals, creams and vitamins.

Date	Name of Medication/vitamin /herbal remedy	Dose	Frequency	Route	Patient Reported	RX Given	Injected at Practice	Discontinued	Date Discontinued	Initials