WEST COAST HEARING CLINIC
You should HEAR what you're missing!

Medication Documentation

Patient Name: _____ Date: _____

Due to new insurance guidelines for audiologists, it is mandatory that we document current medications prior to billing for your services.

If you have a pre-printed list of your medications, completion of this form is not necessary. Please give that list to the receptionist to copy.

Otherwise, please fill out this form and bring it with you to your appointment.

Below, please list each medication you are currently taking and include the following: prescriptions, over-the-counter, herbals and vitamin/mineral/dietary supplements. Thank you!

Medication Name	Dosage	Frequency	Route: Oral, Shots, Dermal, etc.	Dizziness/ Vertigo (office use only)	Hearing Loss (office use only)	Tinnitus (office use only)

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