

Helen H.T. Luong, M.D., F.A.C.O.G.

Jane K. Hong, M.D., F.A.C.O.G.

Women's Care OB/Gyn Medical Group, Inc.

PHARMACY AND PRESCRIPTION INFORMATION

Patient Name

Birth Date

Primary Pharmacy

Pharmacy Address (or Cross Streets) City

Pharmacy Phone #

Primary Care Doctor (PCP)

Medication Allergies

MEDICATION LIST: (please include all medications you take, including over-the-counter and herbal medications. Please list dosage and frequency)

NAME	DOSE	FREQUENCY
• _____		
• _____		
• _____		
• _____		
• _____		
• _____		
• _____		
• _____		
• _____		
• _____		
• _____		
• _____		