Cardiology Associates of Fredericksburg, Ltd.

Massaponax Medical Park • 9530 Cosner Drive, Suite 200 • Fredericksburg, Virginia 22408
(540) 373-1331 • Fax (540) 373-1124

Universal Medication Form

Fold this form and keep it in your wallet

Name:		Address:	
Phone:			
Birth Date:		Organ Donor: YES NO	
Health Care Proxy: YES NO	Agent Name:		Phone:
Emergency Contact:			Phone:
Pharmacy Name & Location:			Phone:
Primary Care Physician:			Phone:
Cardiologist:			Phone: (540) 373-1331
Physician:	Specialty:		Phone:
Physician:	Specialty:		Phone:

Immunization Record (Record the date of last vaccination, if known.)

Tetanus	Hepatitis	Pneumonia	Flu

Allergies (Include type of reaction.)

Medications (List all prescription and over-the-counter medications that you are currently taking. Include vitamins, herbal supplements, and medications taken as needed.)

Medication Ex: Aspirin	**Dosage** Ex: 81mg	**Frequency** Ex: once daily	**Reason for taking** Ex: heart disease	**Prescribing Doctor** Ex: Dr. Lewis