



**Naugatuck Valley Cardiovascular Associates, LLC**

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**PATIENT MEDICATION LIST**

**Today's Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Please list all of your *current* medications including dosage and how often you take your medication.  
For example: Toprol xl 50 mg tablet once daily

Name of Medication	Dosage or Tablet Size	Frequency or how often

**Please list any medication allergies or adverse reactions below:**

Name of Medication	Reaction of side effect of Medication