



# Medication Log

**HEARING PROFESSIONALS**  
DOCTORS OF AUDIOLOGY  
PERSONALIZED HEARING CARE & BALANCE CENTER

Patient Name:

Date:

Date	Name of Medication	Dosage	Frequency	How Taken: e.g., Oral, Injection

Medications were reviewed during these subsequent office visits:	Medications Reviewed By:	Patient Signature:
Date:		
Date:		
Date:		
Date:		
Date:		



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