

**Holly J. Brown, LAc, DOM (FL)**

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Prescription Information Form

Name \_\_\_\_\_

In order to best treat your condition, we require your current use of prescription medications. Please accurately list all of your medications, the dosages, and how long you have been taking them.

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Please explain why you are taking these medications.

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Are there any other medications/drugs used in the past that should be brought to our attention?

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Medication Adjustments

With acupuncture and herbal therapy, dosages of medications may need to be adjusted. I understand that any changes in the medication and/or dosages will be done gradually and under the care of all of my physicians.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_