Allstar Health Providers, Inc.
9521 Business Center Drive Suite 9-101
Rancho Cucamonga CA 91730
Tel. No. (909) 945-9899: Fax No. (909) 945-9799

MEDICATION PROFILE

Patient Name: ______________________ **MR #:** ______________
Pharmacy Name: ______________________ **Tel. No:** ( ) -
ALLERGIES: ______________________
Physician's Name: ______________________ **Tel. No:** ( ) -

Date Ordered	Medication	Code	Dose/ Frequency	Route	Indication For Use	Date D/C'd
		☐Old ☐New ☐Changed ☐Rx ☐OTC				
		☐Old ☐New ☐Changed ☐Rx ☐OTC				
		☐Old ☐New ☐Changed ☐Rx ☐OTC				
		☐Old ☐New ☐Changed ☐Rx ☐OTC				
		☐Old ☐New ☐Changed ☐Rx ☐OTC				
		☐Old ☐New ☐Changed ☐Rx ☐OTC				
		☐Old ☐New ☐Changed ☐Rx ☐OTC				
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		☐Old ☐New ☐Changed ☐Rx ☐OTC				
		☐Old ☐New ☐Changed ☐Rx ☐OTC				

Clinician's Signature Title	Date	Clinician's Signature Title	Date