

Provider Med List Report Template

Patient Medication List
Report Date: <date>
Program Phone Number: <toll free number>

Patient Name: Jane Doe	DOB: 09/16/45		Phone Number: (123) 555-1212
Medication Name Dosage Frequency	Data Source	Medication Start Date Per Data Source	Patient Reported Reason Taking
Keflex Monohydrate 500mg TID	Claims	10/04/2000	Bronchitis
K-Dur 10 10 MEq	Claims	10/04/2000	Potassium Supplement
Glipizide 10 Mg QAM	Pt. Self Reported	4/01/1999	Diabetes
Prinivil 10 Mg BID	Claims	10/03/2000	Blood Pressure
Digoxin 0.125 Mg QD	Pt Self Reported	10/03/2000	Heart
Furosemide 40 Mg BID	Pt. Self Reported	10/03/2000	Fluid