

PHYSICIAN INFO AND TREATMENT PROTOCOL

Physician Name				Clinic			
Phone number/ fax/ email				Address			
Date of visit	Notes						

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Phone number/ fax/ email				Address			
Date of visit	Notes						

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Date of visit	Notes						

Medication	Date started	Date to finish	Generic / Other Name, Brand	Dose	# of times per day	With/ away from food	Route of administration	Refrigeration	Possible side effects	Special notes

Supplements	Date started	Date to finish	Generic / Other Name, Brand	Dose	# of times per day	With/ away from food	Route of administration	Refrigeration	Possible side effects	Special notes

Botanical medicine	Date started	Date to finish	Generic / Other Name, Brand	Dose	# of times per day	With/ away from food	Route of administration	Refrigeration	Possible side effects	Special notes

Other Treatments	Date started	Date to finish	Generic / Other Name, Brand	Dose	# of times per day	With/ away from food	Route of administration	Refrigeration	Possible side effects	Special notes