KELLEY-ROSS
PHARMACY GROUP
Long-Term Care Pharmacy

2324 Eastlake Ave. E., #400, Seattle, WA 98102
P: 206.838.4590 F: 206.838.4599
Kelley-Ross.com

Name: _____ **Birthdate:** _____

Primary Doctor: _____ City: _____ Phone: _____

Fax: _____

Specialty Doctor: _____ Phone: _____

City: _____

Specialty: _____ Fax: _____

Current Medications: *(Please include herbal supplements and over-the-counter drugs)*

Drug Name	Dose	How often?	Reason for taking?

** Please note that this is only a current medication list. **It is <u>NOT</u> usable as a legal prescription**.
From this list, we will contact your doctor for a legal prescription. **