Divine Spine Physical Therapy and Yoga
7 Centre Dr suite 9, Monroe, NJ 08831
P: 908.444.6055 • F: 732.328.2723

Medications List

(Required for Medicare Beneficiaries)

Patient Name: _____

Date of Birth ___/___/___

Medication Name	Dosage	Frequency	Purpose	Administration Route

You may attach additional pages if necessary. If you have a copy of your list of medications, please let us know. Thank you!