PELTZ AND ASSOCIATES
PHYSICAL THERAPY INC

Due to recent changes in **MEDICARE** guidelines, we need to collect information regarding your **medications** including prescription, over-the-counter, vitamins, herbals, minerals, dietary supplements.

Please provide the following information:

MEDICATION	DOSAGE (ex: 300 mg)	FREQUENCY (ex: daily, as needed, every four hours, etc)	ROUTE ADMINISTERED (ex: Oral, nasal, injection, patch, cream, gel suppository, etc)

If you need more room, please print more copies or print on another sheet-Thank you