GUNNISON VALLEY
FAMILY PHYSICIANS
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Jay W. McMurren, M. D. Lauretta F. Garren, M. D. Marie C. Matthews, M. D. John E. Holder, PA-C Nicol C. Talbert, PA-C

MEDICATION/RX FORM

Patient Name_____

Date of Birth_____ Date form was completed _____

Medication Rx & OTC	Dosage	Frequency	Reason for Use