



John J. Eck, M.D.
Board Certified Family Physician

David L. Gee, M. D.
Board Certified Family Physician

Julie L. Scott, PA-C
Physician Assistant

I, _____ am taking the following medications:

<u>Medication</u>	<u>Dose</u>	<u>Frequency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am paying for the above medications with funds from my HSA/MSA/Flex spending account.

Patient Signature: _____

Parent or Guardian Signature: _____
(if the patient is a minor or unable to sign)

Doctor Signature: _____ Date: _____