NORTH TEXAS ID CONSULTANTS

Medication List

Name:_____ DOB:_____

Allergies (please include reaction:)_____

_____

_____

Medication Name	Dose	Route	Frequency	Prescribing MD
Actemra				
Benlysta				
Cimzia				
Cinqair				
Entyvio				
Evenity				
Fereheme				
IVIG				
Krystexxa				
Nulojix				
Ocrevus				
Orencia				
Prolastin				
Prolia				
Reclast				
Remicade				
Rituxan				
Simponi ARIA				
Xolair				
Generic				

Signature:_____ Date:_____

(Office Only) Reviewed by:_____ Date:_____