

Medication Name	Dose	How long? (months)	End Date (mm/dd/yyyy) <input type="text"/>	Therapeutic Effect	Side Effects?	Reason for Stopping
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Please return this form to the office one day prior to your appointment or email it to hwanderson@q.com. Or, you may FAX it to 970-205-9462. If you choose to email it you can go to Sendinc at www.sendinc.com and mail it securely. You will need to set up an account, which is free. Thank you.