



Medication List

Patient Name: _____

Date of Birth: _____

Medication Name	Dosage	Frequency	Start Date	Prescribing Doctor

GATEWAY MEDICAL BUILDING, SUITE 130 • 7450 KESSLER ST. • MERRIAM, KS 66204
CREEKWOOD MEDICAL BUILDING, SUITE 201 • 5330 N. OAK TRAFFICWAY • KANSAS CITY, MO 64118
SEAPORT COMPLEX/MARINER BUILDING • 124 WESTWOODS DRIVE • LIBERTY, MO 64068
8490 COLLEGE BOULEVARD • OVERLAND PARK, KS 66210
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