# "ASK THE DOCTOR"

**(for return visits)**

Dear Patient,

Please use this form to write down any questions you want the doctor to answer in today's visit.

Please list all your current medications and natural supplements on the graph below to assure the best use of your appointment time today

Thank You,

Questions:

1._____

2._____

3._____

Name: _____ Date:_____

| Medication Name | Dosage | Reason for Taking | Prescribed by |
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| **Supplement Name** | **Dosage** | **Reason for Taking** | **Prescribed by** |
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