Prescription Medication List

Patient Name_____Date_____

Have you used a tobacco product (cigarette, cigar, smokeless tobacco) one or more times in the past 24 months? ☐Yes ☐No

If yes, how often have you used a tobacco product in the last 24 months? _____

If yes, what type(s) of products have you used? _____

Medication	Dosage	Frequency	How Taken (oral, topical, injection, other)

Tucson - Northwest
7574 N. La Cholla Blvd.
Tucson, AZ 85741
520.742.2845 p fax: 520.742.3881

Tucson - Ventana
6969 E. Sunrise Dr., #200
Tucson, AZ 85750
520.742.2845 p fax: 520.615.9772

Green Valley
512 E. Whitehouse Canyon Rd., #196
Green Valley, AZ 85614
520.648.3277 p fax: 520.399.3874

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