

**Appendix 20f ▪ Client’s Medications
Including: Nonprescription Medications,
Vitamins, and Minerals**

Client’s Last Name			First Name		MI	MSSP #
Date	Medication	Dosage	# / Freq Taken	Doctor	Covered By Medicare? Yes or No	
MSSP Staff					Date	
(Optional) Sent for Review to Doctor(s)					Date	