Form: Concomitant Medications Log Page #:_____

Medication name	
Indication	
Route	Oral ☐
	Intramuscular ☐
	Intravenous ☐
	Topical ☐
	Inhalation ☐
	Vaginal ☐
	Rectal ☐
	Subcutaneous ☐
	Subdermal ☐
	Sublingual ☐
	Intrauterine ☐
	Nasal ☐
	Intraocular ☐
	Other ☐
If "Other", specify:	