

Vermont Office of Professional Regulation

List of Current Medications

Name (print): \_\_\_\_\_ Case Number \_\_\_\_\_

Complete and return this form to your case manager. All prescribed and over-the-counter medications must be included. As changes to your medication regime occur, you must notify your case manager in writing within 48 hours of the change(s). You may be asked to submit a completely updated list at any time.

Please print clearly. Attach additional sheets if necessary.

Medication	Dose	Frequency	Date Prescribed	Prescribed By	
				Full Name of Provider	Credential

Signature : \_\_\_\_\_

Date: \_\_\_\_\_

E-mail: [kristin.donnelly@vermont.gov](mailto:kristin.donnelly@vermont.gov) or [carla.preston@vermont.gov](mailto:carla.preston@vermont.gov)  
Mail: Office of Professional Regulation, 89 Main St - Floor 3, Montpelier,  
VT 05620 (Attention: Kristin Donnelly or Carla Preston)  
Fax: 802-828-2389