Appendix 32 ▪ MSSP Participant's Medications Including: Nonprescription Medications, Vitamins, and Minerals

Participant Name: _____ MSSP ID: _____

Date	Medication	Dose	#/ Freq Taken	Doctor	Expiration Date (if applicable)	Comments (Covered by Medicare, Discontinued, Interactions, etc.)

Date	Medication	Dose	#/ Freq Taken	Doctor	Expiration Date (if applicable)	Comments (Covered by Medicare, Discontinued, Interactions, etc.)

MSSP Staff:_____ Date:_____

(Optional) Sent for Review to Doctor(s):_____ Date:_____