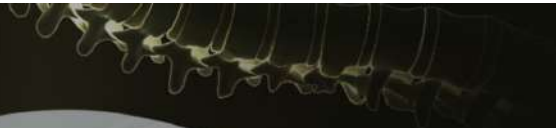




HEINEN
CHIROPRACTIC, S.C.

**Medication and
Supplement List**



Medication/ Vitamin/ Dietary Supplement	Purpose

Patient Name: _____ Date: _____