

Tried and Failed Medications:

Please include any tried and failed medication. If we have to fill out a prior authorization on your behalf to submit to your insurance company, it is often helpful if we have this information.

Name of Medication	Dose	Duration	Reason for Discontinuation of Medication (i.e., Intolerable side effects)

If you would like to add anymore information about these tried and failed medications, please add your comment below.
