

SOUTH TEXAS TMS, LLC

MEDICATION LIST

Page 1

Patient Name: _____ DOB: _____

Medication (TRIALS/PAST)

MUST BE COMPLETE FOR INSURANCE PURPOSES

Tetracyclic Antidepressant				
Medication	Dosage	Start date	End date	Reason for Discontinuing
Amitriptyline (Elavil)				
Imipramine (Tofranil)				
Desipramine(Norpramin/Pertofrane)				
Trimipramine (Surmontil)				
Clomipramine(Anafranil)				
Maprotiline (Ludiomil)				
Doxepin(Sinequan)				
Nomifensine(Merital)				
Nortriptyline (Pamelor/Aventyl)				
Protriptyline (Vivactil)				
Amoxapine (Asendin)				
Mirtazapine(Remeron)				
SSRI				
Medication	Dosage	Start date	End date	Reason for Discontinuing
Fluoxetine(Prozac)				
Citalopram(Celexa)				
Luvoxamine(Luvox)				
Paroxetine(Paxil)/(CR)				
Sertraline(Zoloft)				
Escitalopram(Lexapro)				
Vortioxetine (Trintellix)				
Vilazodone (Viibryd)				
SNRI				

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Medication	Dosage	Start date	End date	Reason for Discontinuing
Venlafaxine(Effexor)				
Duloxetine(Cymbalta)				
Desvenlafaxine(Pristiq)				
Levomilnacipran (Fetzima)				
Milnacipran (Lxel/Savella)				

Medication (TRIALS/PAST)

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MAOI				
Medication	Dosage	Start date	End date	Reason for Discontinuing
Phenelzine(Nardil)				
Selegiline(Eldepryl/Zelapar)				
Selegiline patch(Emsam)				
Tranylcypromine(Parnate)				
Isocarboxazid (Marplan)				
Atypical				
Medication	Dosage	Start date	End date	Reason for Discontinuing
Bupropion (Wellbutrin)				
Nefazodone (Nefadar/Serzone)				
Trazodone (Desyrel)				
Augmenting Agent				
Medication	Dosage	Start date	End date	Reason for Discontinuing
Aripiprazole(Abilify)				
Ziprasidone(Geodon)				

