ATTENTION

It is extremely important that we have a complete and accurate list of your current medications for the day of your surgery. This includes any over-the-counter medications, vitamins, and herbal supplements. Please take a few minutes to complete the below medication list and ***BRING*** the list with you on your surgery day.

MEDICATION LIST

Patient Name: _____ Date of Birth: __/__/____

Name of Medication	Dosage	How often taken?