Snowden River
SURGERY CENTER

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?

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