

## PERSONAL MEDICINE FORM

Name: \_\_\_\_\_

*(PLEASE COMPLETE AND BRING WITH YOU THE DAY OF YOUR PROCEDURE)*

### LIST OF CURRENT MEDICINES:

List all tablets, patches, inhalers, drops, liquids, ointments, injections, etc. Include prescription, over-the-counter, herbal, vitamin, and diet supplement products. Also list any medicine you take only on occasion (like Viagra, nitroglycerin).

Medication (Brand and generic Name)	Dose	How and how often you take the medicine (By mouth, under your tongue, injection, etc.)	Last taken (Time/Date)
Example: Baby Aspirin	81mg	By mouth 1 tablet once a day	5pm yesterday

Check here if additional pages are attached. [ ]

**PERSONAL MEDICINE FORM**

Name: \_\_\_\_\_

*(PLEASE COMPLETE AND BRING WITH YOU THE DAY OF YOUR PROCEDURE)*

**LIST OF CURRENT MEDICINES (continued):**

List all tablets, patches, inhalers, drops, liquids, ointments, injections, etc. Include prescription, over-the-counter, herbal, vitamin, and diet supplement products. Also list any medicine you take only on occasion (like Viagra, nitroglycerin).

Medicine (Brand and generic name)	Dose	How and how often you take the medication (By mouth, under your tongue, injection, etc.)	Last Taken

Check here if additional pages are attached. [ ]