Please complete this list of current medications you are taking before your outpatient appointment. Include the name of medication, dosage, and how often you take it. Also, please include any over the counter drugs take including vitamins and/or herbals. Please take this list with you the day of your appointment.

MEDICATION:	<b>DOSAGE:</b>	HOW OFTEN? (1,2,3 times a day)
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		; <del></del>
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Over the counter drugs, vitamin	s, herbals:	a
NAME:	DOSAGE:	HOW OFTEN? (1,2,3 times a day)
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