Pacific Vascular Access Care, Inc.

Pacific Innovative Surgery Center, Inc.

Current Medication List

Date: _____

Patient Name: _____ DOB: _____

Please list all prescribed medications, over the counter medications and any vitamins/herbal/natural supplements.

_____	_____	_____
Medication Name	mg	Directions/ How it's taken
_____	_____	_____
Medication Name	mg	Directions/ How it's taken
_____	_____	_____
Medication Name	mg	Directions/ How it's taken
_____	_____	_____
Medication Name	mg	Directions/ How it's taken
_____	_____	_____
Medication Name	mg	Directions/ How it's taken
_____	_____	_____
Medication Name	mg	Directions/ How it's taken
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Medication Name	mg	Directions/ How it's taken
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