

Cecille Taylor MD Inc
AMBULATORY SURGERY CENTER

Please complete this form and bring it with you your Pre-Op appointment.

Patient's name _____ Age _____ DOB _____

Allergies _____

Please list any medications, including vitamins, herbal supplements OTC medications that are taken on a regular basis

	Drug Name	Dosage	How Often	Last Taken
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

DISCHARGE MEDICATIONS PRESCRIBED BY YOUR SUREGON FOR TODAY'S SURGERY

1				
2				
3				
4				
5				
6				

A copy of this record will be given to you at discharge. Please show it to your doctors and pharmacists as a medication precautionary. Keep a copy of this record with you for future reference