SAN MATEO SURGERY CENTER

Patient Name:

Today Date:				
LIST OF MEDICATIONS*				
BRING ALL CURRENT MEDICATIONS: INCLUDING PRESCRIPTIONS, AND INHALERS				
MEDICATION NAME	DOSAGE/ AMOUNT	FREQUENCY/ WHEN TAKEN	REASON FOR TAKING	WHEN LAST TAKEN

^{*} Please list prescription medications, over-the-counter medications, herbal medications and vitamins