

LIST OF MEDICATIONS

*All prescriptions, over-the-counter, herbals, and
Vitamins/minerals/dietary (nutritional) supplements*

If you don't take any medications please indicate "NONE"

(Legal) First Name

(Legal) MI

(Legal) Last Name

DOB

Medication Name:	Dosage:	Frequency:	Route:	Prescribing Physician:

Due to Medicare's Physician Quality Reporting System (PQRS) required measures it is crucial you help us obtain all the necessary information to the best of your knowledge.

Patient Signature: _____ Date: _____

IMPORTANT REMINDER: If you take any medication containing Hydrochlorothiazide (HCTZ) or any diuretic such as Lasix (Furosemide), a 24-hour potassium test before surgery will be required.

Revised 09/30/16