San Leandro Surgery Center

To assist San Leandro Surgery Center Staff, we ask that all patients fill out their current medication list, emergency contact names and phone numbers. Please bring provide this list to our nursing staff on your arrival. This information will be incorporated into your medical record on admission. Please use the back of this form if needed.

Name:_____ **Date:**_____

Emergency Contact name(s) and phone number(s)

Patient Use			SLSC Use	
Medication (include prescription, over the counter, herbals and any other supplements	**Dose**	**Frequency (i.e., daily, twice a day, etc).**	**For Nursing Staff Use Only** **Time last taken**	**Doctor's Comments** (specifically address anticoagulant therapy and review list for potential drug interactions)

Copy given to patient: **Please consult your primary care physician for instructions regarding resuming your preoperative medications. Carry this list with you and share it with your pharmacist, doctor or other caregiver.**

Nurses Signature: _____R. N. Doctor's Signature:_____

Front/ back reviewed

Patient Label

Patient Use

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