

**SURGICAL ARTS, PC
MEDICATION LIST**

PATIENT NAME: _____ **DOB:** _____ **DATE:** _____

PHARMACY: _____

MEDICATION	DOSAGE	FREQUENCY / HOW TAKEN		
		DAILY	TWICE A DAY	THREE TIMES A DAY
		FOUR TIMES A DAY	BEDTIME	AS NEEDED
		OTHER:		
		DAILY	TWICE A DAY	THREE TIMES A DAY
		FOUR TIMES A DAY	BEDTIME	AS NEEDED
		OTHER:		
		DAILY	TWICE A DAY	THREE TIMES A DAY
		FOUR TIMES A DAY	BEDTIME	AS NEEDED
		OTHER:		
		DAILY	TWICE A DAY	THREE TIMES A DAY
		FOUR TIMES A DAY	BEDTIME	AS NEEDED
		OTHER:		
		DAILY	TWICE A DAY	THREE TIMES A DAY
		FOUR TIMES A DAY	BEDTIME	AS NEEDED
		OTHER:		
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		FOUR TIMES A DAY	BEDTIME	AS NEEDED
		OTHER:		
		DAILY	TWICE A DAY	THREE TIMES A DAY
		FOUR TIMES A DAY	BEDTIME	AS NEEDED
		OTHER:		
		DAILY	TWICE A DAY	THREE TIMES A DAY
		FOUR TIMES A DAY	BEDTIME	AS NEEDED
		OTHER:		
		DAILY	TWICE A DAY	THREE TIMES A DAY
		FOUR TIMES A DAY	BEDTIME	AS NEEDED
		OTHER:		