Texas Innovative Vascular Care, PLLC
Texas Innovative Surgery Center, LLC

Current Medication List

Date: _____

Patient Name: _____ **DOB:** _____

Please list all prescribed medications, over the counter medications and any vitamins/herbal/natural supplements.

Medication Name	mg	Directions/ How it's taken
Medication Name	mg	Directions/ How it's taken
Medication Name	mg	Directions/ How it's taken
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Medication Name	mg	Directions/ How it's taken
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