



Pre-Op Medication List:

Patient name: _____

Date: _____

Please include all prescriptions, non-prescriptions, vitamins, minerals, and herbal products. Please fill out this form and bring it with you to your surgical appointment:

Medication name	Dose	Time you take it

If you are unable to fill out this form, please bring all your medicine bottles with you to your appointment so we can assist you in completing this information.

Note: It is very important to Dr. Fritz to know exactly what medications you are currently taking.

Thank you!