Advanced Laparoscopic Surgeons

Alexander D. Abkin MD, FACS
ABS Certified / ASBMS Member

Patient Name: _____ Date of Birth: _____

Patient Medications and Vitamins

Please list **ALL** medications, vitamins and supplements you use, including both those you take every day as well as those you only take occasionally.

Medication Name	Dose	How Often?	Reason for taking

Please review your medication list, adding, changing or deleting mediations as appropriate. Date and initial below to indicate your medication list is accurate.

Date: _____ Initials: _____ Date: _____ Initials: _____

Date: _____ Initials: _____ Date: _____ Initials: _____

Date: _____ Initials: _____ Date: _____ Initials: _____

Date: _____ Initials: _____ Date: _____ Initials: _____

Date: _____ Initials: _____ Date: _____ Initials: _____

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