



The Bariatric & Metabolic
WEIGHT LOSS CENTER

Current Medications

Name: _____ **D.O.B:** _____ **Today's Date:** _____

Allergies: _____

Medication: _____ **Dosage:** _____ **Directions:** _____ **Doctor:** _____

Medication: _____ **Dosage:** _____ **Directions:** _____ **Doctor:** _____

Medication: _____ **Dosage:** _____ **Directions:** _____ **Doctor:** _____

Medication: _____ **Dosage:** _____ **Directions:** _____ **Doctor:** _____

Medication: _____ **Dosage:** _____ **Directions:** _____ **Doctor:** _____

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