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| **A picture containing drawing  Description automatically generated** | | | **This form must be completed in FULL**  **IF you are planning to have surgery.** | | | | |
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| **Patient Name:** |  | | | | | **DOB:** |  |
| **Allergies:** | | | | **Preferred Pharmacy:** | | | |
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| **Medication** | | **Dose** | | | **Frequency** | | |
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