

**ADVANCED FOOT & ANKLE CENTER**

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**\* MEDICATION LIST \***

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I AM CURRENTLY NOT TAKING ANY MEDICATIONS**

- Prescription: \_\_\_\_\_ Dosage \_\_\_\_\_ Times per day \_\_\_\_\_
- Prescription: \_\_\_\_\_ Dosage \_\_\_\_\_ Times per day \_\_\_\_\_
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**Patient Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_