LAVINIA K. CHONG, M.D.

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Pre-Op Medications

Please list all current medications & supplements available at home (even if you are not currently taking the medication).
Be sure to include any over-the-counter items and any herbal remedies no matter their form:
oral pill, edible, topical oil, drinkable powder, inhaled/smoked, oil additive.

Continue? To be Completed by Staff	**Medication**	**Dose**	**Frequency**	**Reason Taking**
Y / N				
Y / N				
Y / N				
Y / N				
Y / N				
Y / N				
Y / N				
Y / N				
Y / N				
Y / N				
Y / N				

______________________________ Patient Name

______________________________ Patient Signature

___ / ___ /___ Date

The evening prior to surgery you may take: ________________ ☐ ________________ ☐

________________ ☐ ________________ ☐

The morning of surgery you may take: ________________ ☐ ________________ ☐

________________ ☐ ________________ ☐

______________________________ Physician Signature

___ / ___ /___ Date

Medication may be taken w/small sip of water.
Please, take all medications as directed above.
Resume medication schedule on:___ /___/___