CURRENT MEDICATIONS
PRESCRIPTION & NON-PRESCRIPTION

Please list below **ALL** over-the-counter and/or prescribed medications you are taking. Include those that can cause bleeding (some examples are (but not limited to): aspirin, ibuprofen, Excedrin, Advil, Motrin, Aleve, Orudis..) ALSO INCLUDE VITAMINS AND HERBAL SUPPLEMENTS.

Name of Medication	DOSE (Amount)	How Often	What do you take this medication for?

		Yes	No
Have you taken (or currently taking):	Accutane (isotretinoin)	☐	☐
	Plavix (clopidogrel)	☐	☐
	Coumadin (warfarin)	☐	☐

Patient Name: _____ Date:_____

Revision Date: _____ _____