CENTER FOR WEIGHT LOSS SURGERY
34509 9th Avenue S, Suite 103, Federal Way, WA 98003 • 12303 NE 130th Lane, Suite 120, Kirkland, WA 98034
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Medication List

Name: _____ Date of Birth (DOB): _____ Date: _____

Medications (Brand or Generic Name)	Dosage	Frequency (How much, how many times per day/week)
Vitamin D:		
Vitamin B12:		
Vitamin A:		
Iron:		
Calcium Citrate:		
Zinc:		

Please list all other PRESCRIPTION MEDICATIONS you have been prescribed by your primary care physician or other provider:

Medications (Brand or Generic Name)	Dosage	Frequency (How much, how many times per day/week)

Please list all NON-PRESCRIPTION MEDICATIONS, VITAMINS, NUTRITIONAL SUPPLEMENTS and HERBAL PRODUCTS you are taking:

Medications, Vitamins, Supplements, Herbal Products	Dosage	Frequency (How much, how many times per day/week)
Protein:		
Daily Multivitamin:		