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## RIVERVIEW HEALTH MEDICATION LIST

Please complete and bring with you to your appointment. In addition, include any over the counter (OTC) or herbal (complementary alternative) medications.

Name of medication	Dose	How often	Used for	Last dose

**A driver is required to be with you at all times during your procedure at Riverview Hospital**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_