PATIENT NAME (Print): _____

MEDICATION RECORD: Please provide a complete list of your current medications including over the counter, herbal supplements, natural products, insulin products, etc… Please include medications that you only takes on an as needed basis as well. (Please use separate sheet of paper if additional space is needed.)

Medication name	Dose	Indications
Metoprolol tartrate 25mg	*2 tabs (50mg) two times a day*	*high blood pressure*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to listing your medication(s) above and submitting this form, ***you are required to bring ALL of your actual medications in their original bottles to your appointment****. Failure to provide any of this information or bring your medications to this appointment may result in delaying your transplant evaluation. Thank you for your cooperation and we are looking forward to meeting with you!*

_____ _____

Patient Signature Date