Mr Adam Skidmore
Upper GI, General & Bariatric Surgeon

Current Medications

The medications that you are on may affect the outcome of any upcoming surgery.

Please complete this form so that your medications, including herbal medications, can be assessed. If required, you will be advised of medication you will need to cease prior to surgery. In some cases, an alternative medication will be organized.

If you are on no medications, please write NA.

Name (please print): ____________________________________

Signature: ___________________________ **Date:** ___/___/____

MEDICATION NAME	DOSAGE