

# Appointment Information

Dr.: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

If you are unable to keep your appointment, kindly contact our office to cancel as soon as possible. Our staff will be happy to schedule another appointment for you and we will be able to give away your time slot.

## **NYU Langone Brooklyn Endoscopy and Ambulatory Surgery Center**

1630 East 14th Street, Brooklyn, New York 11229

Phone: (718) 336-9100 Fax: (718) 336-2328

Please fill this card out and bring on the day of your procedure.

Keep the Medication Card for your personal records.

## **Patient Medication Card**

	<b>Medication/ Supplement</b>	<b>Dosage (mg)</b>	<b>How Often Taken</b>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____