SANTA CRUZ ENDOSCOPY CENTER
1505 SOQUEL DRIVE, STE. 4
SANTA CRUZ, CA
831-464-1871

Please write down the name of your current medication, dosage and how often you take it. This information is found on the label of the medication container.

Bring this sheet with you on the day of your procedure

Example: Prevacid 30 mg once a day

patient label

MEDICATION NAME	**DOSE TAKEN**	**HOW OFTEN**	*LAST TAKEN (to be completed by RN on day of procedure)*