WK BOSSIER SURGICAL ASSOCIATES
MEDICINE LIST

DATE_______________

NAME____DOB_____________
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*******PLEASE BE ADVISED THAT OUR OFFICE REQUIRES 24 HOUR NOTICE FOR ALL PRESCRIPTION REQUESTS. ALSO, NO PRESCRIPTION REFILLS WILL BE ISSUED AFTER 12 PM (NOON) ON FRIDAY.*******

Allergies:____
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MEDICATION LIST:

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Signature:____
Date:_____________ Patient