

**California Spine Care**

Santi Rao MD

Spinal Disorders & Surgery

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*All correspondence to the Concord address*

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

***Please list ALL current medications taken including strength & quantity.***

drug/medication name

strength

qty/day

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 \_\_\_\_\_

10 \_\_\_\_\_

11 \_\_\_\_\_

12 \_\_\_\_\_

13 \_\_\_\_\_