## **Appointment Information**

* *		
Dr.:		
Date:	_ Time:	
If you are unable to keep your appointn soon as possible. Our staff will be happ and we will be able to give away your t	by to schedule anot	
NYU Langone Brooklyn Endoscopy 1630 East 14th Street, Brooklyn, New Phone: (718) 336-9100 Fax: (718) 336	York 11229	Surgery Center
Please fill this card out and bring on th Keep the Medication Card for your per		edure.
Patient Medication Card		
Medication/ Supplement	Dosage (mg)	How Often Taken
2		
3		
4		
5		
6		
7		
8		
9		
	1	