PATIENT MEDICATION LIST

NAME	DATE

For your safety, the following list must be completed prior to each appointment. If you have an up-to-date copy of your Medication List already, please bring that with you to your appointment, so we can make a copy of it. Please check the box below if you are planning to bring your own list, or fill out the form below.

☐ **My Medication List is Attached**

PAIN OR ROUTINE MEDICINE

PAIN MEDICINE NAME	DOSE	# PER DAY

OVER THE COUNTER & PRESCRIPTION MEDICATION

CHECK AND LIST ALL THAT YOU TAKE

☐ Aggrenox®
☐ Aspirin®
☐ Coumadin®
☐ Excedrin®
☐ Heparin®
☐ Ibuprofen®
☐ Lovenox®
☐ Motrin®
☐ Plavix®
☐ Pradaxa®

DRUG ALLERGIES

LIST ALL/ANY DRUG ALLERGIES HERE OR USE THE BACK SIDE OF THE PAGE
PREFERRED PHARMACY

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