Patient Medication list

Date: _____

oregon surgical specialists

Patient Name: _____ ***DOB:*** _____

Please provide a complete list of all prescription medications that you are currently taking. Example: Blood Thinners (Aspirin, Coumadin, Warfarin, Plavix, Pletal, Pradaxa or Aggrenox), Beta Blockers, Diabetic Medications, etc

PRESCRIPTION MEDICATIONS AND STRENGTH	DOSAGE	FREQUENCY (how many times daily)	DATE OF LAST DOSAGE

PLEASE LIST ALL OVER THE COUNTER (NON PRESCRIPTION MEDICATIONS) VITAMINS AND HERBAL SUPPLEMENTS Example: (CoQ10, Fish Oil, Ginkgo Biloba)	DOSAGE	FREQUENCY (how many times daily)	DATE OF LAST DOSAGE

MEDICATION ALLERGIES	REACTION DESCRIPTION