



MY MEDICATIONS + MY ALLERGIES

For the best possible care, please print, fill out, and bring this list with you on your day of surgery. Give it to the nurse that checks you in for surgery.

List the medications and supplements you take. Include prescribed and over-the-counter medications on this list. You may use the trade name or the generic name. Include vitamins and supplements.

<u>Name</u>	<u>Dose</u>	<u>How Often?</u>	<u>Last Day/Time Taken</u>
<i>Name of medication</i>	<i>10 mg</i>	<i>twice daily</i>	<i>Feb 18th at 7 pm</i>

List the medications or supplements you've reacted to in the past. These can be true allergies or just sensitivities. Include latex or metals if you've reacted to them in the past. You don't need to list animals or pollen.

<u>Name</u>	<u>Type of Reaction</u>	<u>Last Reaction Date</u>
<i>Name of medication</i>	<i>Hives</i>	<i>Approx. 10 to 15 years ago</i>



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