

SIDE 1

Newport Beach

S U R G E R Y • C E N T E R

CURRENT MEDICATIONS

LIST ALL ALLERGIES:

PRESCRIPTION MEDICATION LIST

NAME OF MEDICATION	DOSE	HOW OFTEN?
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REASON:

PRESCRIBED BY:	LAST TAKEN WHEN?
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NAME OF MEDICATION	DOSE	HOW OFTEN?
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REASON:

PRESCRIBED BY:	LAST TAKEN WHEN?
----------------	------------------

NAME OF MEDICATION	DOSE	HOW OFTEN?
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REASON:

PRESCRIBED BY:	LAST TAKEN WHEN?
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NAME OF MEDICATION	DOSE	HOW OFTEN?
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REASON:

PRESCRIBED BY:	LAST TAKEN WHEN?
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(see other side to list additional medications)

NON-PRESCRIPTION MEDICATION VITAMIN AND HERB LIST

NAME OF MEDICATION	DOSE	HOW OFTEN	LAST DOSE DATE/TIME
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(see other side to list additional medications)

PATIENT SIGNATURE: _____

MEDICATION LIST COMPLETED BY:

PATIENT **OTHER (list)** _____

(PATIENT STICKER)

Reviewed by:

Pre-op RN ____ OR/GI RN ____ Post-op RN ____ Other ____



(additional medications continued from SIDE 1)

PRESCRIPTION MEDICATION LIST

NAME OF MEDICATION	DOSE	HOW OFTEN?
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REASON:

PRESCRIBED BY:	LAST TAKEN WHEN?
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NAME OF MEDICATION	DOSE	HOW OFTEN?
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REASON:

PRESCRIBED BY:	LAST TAKEN WHEN?
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NAME OF MEDICATION	DOSE	HOW OFTEN?
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REASON:

PRESCRIBED BY:	LAST TAKEN WHEN?
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NAME OF MEDICATION	DOSE	HOW OFTEN?
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REASON:

PRESCRIBED BY:	LAST TAKEN WHEN?
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NAME OF MEDICATION	DOSE	HOW OFTEN?
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REASON:

PRESCRIBED BY:	LAST TAKEN WHEN?
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NON-PRESCRIPTION MEDICATION VITAMIN AND HERB LIST

NAME OF MEDICATION		HOW OFTEN	LAST DOSE DATE/TIME
DOSE DOSE			

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