

MEDICATION & ALLERGY SHEET

Please complete this form and bring it with you on the day of surgery.

MEDICATIONS

Please **print** the name and dosage of your medications in the boxes below. Check the “Taken Today” box if this medication is taken the morning of your surgery.

Taken Today:	Taken Today:	Medication	Dosage

(OVER)

ALLERGIES

Please write the medications you are allergic to in the left column and your reaction to those medications in the right column.

Allergy	Reaction