UNIVERSAL CARE
SURGERY CENTER

MEDICATIONS LIST

Please list the medications you currently take

Allergies: (Medications/Food) ☐NKA____

Abnormal reactions to medications: ____

Current medications including prescription, over the counter, dietary and herbal supplements:

Medication:	**Dose (strength)**	**Frequency** (how often you take it)	**Route** (by mouth, IV)	**Resume or Discontinue**
				☐Resume ☐Discontinue
				☐Resume ☐Discontinue
				☐Resume ☐Discontinue
				☐Resume ☐Discontinue
				☐Resume ☐Discontinue
				☐Resume ☐Discontinue
				☐Resume ☐Discontinue
				☐Resume ☐Discontinue
				☐Resume ☐Discontinue
Reviewed by:			Date:	

Prescriptions added at Center:				

UNIVERSAL CARE
SURGERY CENTER

Universal Care Surgery Center

Patient Name:
Surgeon:
Date of Service:
Medical Record:
Date of Birth: