

Alaska Spine Center

Medication List and Patient Summary

Patient Name: _____

Allergies: _____

Medication	Dose/Route	Frequency	Last Taken

Previous Operations or Medical Problems	Date

May we release your health information to the person accompanying you today? Yes No

BELOW FOR OFFICE USE ONLY

Medication received pre or post procedure: _____ No medications given

- | | |
|--|---|
| <input type="checkbox"/> Ancef
<input type="checkbox"/> Benadryl
<input type="checkbox"/> Clindamycin
<input type="checkbox"/> Fentanyl
<input type="checkbox"/> Phenergan | <input type="checkbox"/> Toradol
<input type="checkbox"/> Valium
<input type="checkbox"/> Vancomycin
<input type="checkbox"/> Versed
<input type="checkbox"/> Zofran
<input type="checkbox"/> Other: _____ |
|--|---|

Discharge prescriptions provided by your surgeon: _____ No prescriptions given in PACU

Medication	Dose	Frequency

Patient/Caregiver Signature: _____ Date: _____

RN Signature: _____ Date: _____