ADVANCED
Orthopaedics & Rehabilitation

Name:
Chart:
Date: DOB:

ADVANCED ORTHOPAEDICS AND REHABILITATION

MEDICATIONS LIST

DATE PRESCRIBED	CURRENT MEDICATION	DOSE	FREQUENCY	EXP DATE

Are you allergic to or have any adverse reaction to any of the following medications:

☐ Aspirin ☐ Codeine ☐ Penicillin ☐ Latex
☐ Erythromycin ☐ Local Anesthetic ☐ Nitrous Oxide

Are you aware of being allergic to any other medications? ☐ Yes ☐ No

If yes, please list: _____

OTHER ALLERGIES _____

No Known Allergies ☐