

MEDICATION/ALLERGY SHEET

ALLERGIES / SENSITIVITIES

| Medication | Reaction |
|------------|----------|
| 1 | |
| 2 | |
| 4 | |
| 5 | |
| 6 | |

MEDICATIONS & DOSAGES

| | MEDICATION | DOSE | X per day | Date held for Proc. | Current | DC'D |
|---|----------------|------|----------------|---------------------|---------|------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 1 | PROCEDURE DATE | | preop nurse | circ | pacu | anes |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |