# Front Range Orthopedic Surgery Center
## List of Medications

**Patient Name_____ Date_____ Time_____**
**Pharmacy Name_____Pharmacy Phone Number_____**
**Allergies_____**
**Please list all medication you are currently taking, including over the counter medications and herbal remedies.**

| Medications | Dosage | Directions/Frequency | Reason for taking | Ordering Physician |
|---|---|---|---|---|
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_____ _____
**Patient signature** **Date**

**Resume all home medications as previously taken with the following exceptions:**

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_____

## New prescriptions given today

| Medications | Dosage | Directions/Frequency | Reason for taking | Ordering Physician |
|---|---|---|---|---|
| | | | | |
| | | | | |

_____ _____
Signature of RN obtaining original list Physician signature Date

_____
Signature of discharge RN

**Note to patient:** Please take this medication list to your next doctor's appointment. It is recommended that you bring a list of your current medications to each medical appointment.