Clifton Surgery Center
1117 Route 46 East, Suite 303. Clifton ,NJ 07013
Phone: 973-779-7210
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MEDICATION LIST

Person completing form: _____ Date: _____

PATIENT NAME: _____

Allergies and Sensitivities: ☐ Yes ☐ No

☐ To medications: _____

☐ To food: _____ ☐ To Latex: _____

☐ Seasonal/Environmental ☐ X-ray Dye/Contrast: _____ ☐ Iodine: _____

☐ Tape: _____ ☐ Other: _____

Medications Presently Taking (including over-the-counter, vitamins, herbal supplements, Marijuana, or Street drugs)

Medications	Strength	Frequency	Medications	Strength	Frequency

If you use or have used street drugs (such as marijuana, cocaine, or amphetamines), it is very important that you inform the anesthesiologist.

These drugs could interact with the drugs used for anesthesia and could have a harmful effect.

If yes, what and when: _____

****Any new or discontinued medication from the last date of service, If not please initial: _____**

☐ Previous Date of Service? _____ Has anything changed since your last date of service?

☐ Yes (must complete form) ☐ No, Patient's Signature: ✖ _____

☐ Reviewed by RN RN Signature: _____ Date: _____