



**COAST AMBULATORY
SURGERY CENTER**

COAST AMBULATORY SURGERY CENTER PATIENT MEDICATION AND ALLERGY LIST

Medications

Please list all medications that you take regularly and all medications that you will have taken within 2 weeks before your scheduled surgery. (Include vitamins and herbs.)

Medication	Dose / Mg	Times Per Day	Reason for Taking

Allergies

Please list all of your allergies and describe the reactions you have experienced. (Include allergies to latex, foods, tapes and iodine.)

Medication Etc.	Reaction

Patient Signature _____ Date _____