ROXBURY SURGERY CENTER

450 NORTH ROXBURY DRIVE
SUITE 520
BEVERLY HILLS, CA 90210
P: (310) 246-4628
F: (310) 746-4663

PATIENT MEDICATION LIST

CURRENT MEDICATIONS

LIST ALL ALLERGIES: _____

_____

_____

PRESCRIPTION MEDICATION LIST

Name of Medication:	Prescribed Dose:	Prescribed By:	Last Taken:	Reason for Medication:

NON-PRESCRIPTION MEDICATION VITAMIN AND HERB LIST

NAME OF MEDICATION _____ DOSE _____ HOW OFTEN? _____

LAST DOSE DATE/TIME _____

(see other side to list additional medications)

PATIENTSIGNATURE: _____

MEDICATION LIST COMPLETED BY: _____

❑ PATIENT ❑ OTHER (list) _____

Reviewed by: _____

Pre-op RN _____ OR/ RN _____

Post-op RN _____ Other _____