

Alaska Surgery Center Medication List and Patient Summary

Patient Name: _____

Allergies: _____

Admission Medication as Provided by the Patient: { } No Meds

Medication	Dose	Frequency	Last Taken

Previous Operations or Medical Problems	Date

May we release your Health Information to the person accompanying you today () Yes () No

Below For Office Use Only

MEDICATIONS RECEIVED PRE OR POST PROCEDURE: { } No Meds Given

- | | | |
|-----------------|-----------------------|-----------------|
| () Ancef | () Fentanyl | () Toradol |
| () Alfentanyl | () Insapsine | () Valium |
| () Clindamycin | () Percocet | () Versed |
| () Demerol | () Phenergan | () Vicodin |
| () Dilaudid | () Scopolamine Patch | () Other _____ |

DISCHARGE PRESCRIPTIONS PROVIDED BY YOUR SURGEON:

{ } No Prescriptions Given in PACU

Medication	Dose	Frequency

Patient/Caregiver Signature: _____ Date: _____

RN Signature: _____ Date: _____