GREATER SPRINGFIELD SURGERY CENTER

100 Wason Ave Suite 110, Springfield, MA 413-304-2171

PATIENT MEDICATION INFORMATION

NAME _____ DATE OF BIRTH _____

Allergies YES NO

Medications you were taking before your procedure, including prescriptions; over the counter meds & vitamins/herbals.

(PLEASE PRINT CLEARLY)

Current Medications: □ None	Strength	How many times per day	Take For What Purpose

Do not complete below dotted line – for Surgery Center use only

---

[ ] Allergies Noted on Patient Record

MEDICATIONS RECEIVED DURING PROCEDURE: [ ] No meds given

[ ] Decadron [ ] Albuterol [ ] Conray [ ] Glycopyrolate [ ] Morphine [ ] Rocuronium
[ ] Fentanyl [ ] Ancef [ ] Desflurane [ ] Hydralazine [ ] Narcan [ ] Romazicon
[ ] Midazolam [ ] Atropine [ ] Ephedrine [ ] Labetalol [ ] Neostigmine [ ] Succinylcholine
[ ] Propofol [ ] B&O Suppository [ ] Epinephrine [ ] Lidocaine [ ] Nitrous Oxide [ ] Toradol
[ ] Sevoflurane [ ] Ciprofloxacin [ ] Esmolol [ ] Marcaine [ ] Phenylephrine [ ] Vancomycin
[ ] Zofran [ ] Clindamycin [ ] Gentamicin [ ] Metroprolol [ ] Reglan [ ] Vasopressin
[ ] Other _____

MEDICATIONS RECEIVED PRE or POST PROCEDURE: [ ] No meds given

[ ] Albuterol [ ] Benadryl [ ] Dilaudid [ ] Levaquin [ ]Percocet [ ] Toradol
[ ] Atropine [ ] Ciprofloxacin [ ] Ephedrine [ ] Macrobid [ ] Pyridium [ ] Tylenol
[ ] Bactrim [ ] Citra ph [ ] Fentanyl [ ] Morphine [ ] Reglan [ ] Vicodin
[ ] B&O Suppository [ ] Demerol [ ] Ibuprofen [ ] Pepcid [ ] Scopolamine Patch [ ] Zofran
[ ] Other _____

DISCHARGE PRESCRIPTIONS PROVIDED BY YOUR SURGEON:

[ ] No Prescriptions given **[ ] Prescriptions given pre-op in office**

MEDICATION	DOSE	FREQUENCY	REASON TAKING

[ ] You may start your oral pain medication as soon as needed at home

[ ] You have been given a dose of oral pain medication & may begin your prescription at _____ if needed

Reviewed by _____RN Date _____ Time _____

White – Chart copy Yellow – Patient copy