Good Samaritan Surgery Center

Current Medication List

		Garront modication			
(prescription,	over the counter, herbal,	and dietary sup	plements)	
Patient Name			Date:		
Medication an	d Enviroment	al Allergies:			
Person compl	eting form:				
Pharmacy and	d phone numb	oer:			
Medication	Deceme	Frequencies	Loot	<u> </u>	
	Dosage	•	Last	* 5'	
(Name)	(Strength)	(Directions for taking)	Dose Taken	* Discor	

Medication	Dosage	Frequencies	Last	
(Name)	(Strength)	(Directions for taking)	Dose Taken	* Discontinue
ew Meds				

Physician Signature:	Date:
Signature of Discharge RN:	Date:

^{*} Unless otherwise indicated, all medications will continue as prescribed