West Shore Urology, P.L.C.
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MEDICATIONS

DATE _____

NAME _____ DOB _____

ALLERGIES TO MEDICATIONS: _____

ALLERGIES TO LATEX? ❑ YES ❑ NO

PLEASE LIST ALL OF YOUR CURRENT MEDICATIONS AND THEIR DOSAGES (Including vitamins and supplements).

MEDICATION	STRENGTH	FREQUENCY

DOES YOUR DOCTOR ADVISE YOU TO TAKE ANTIBIOTICS BEFORE SURGICAL OR DENTAL PROCEDURES?
❑ YES ❑ NO

HAVE YOU BEEN ON ANY STEROIDS, ANTI-INFLAMMATORIES OR BLOOD THINNERS IN THE LAST 6 MONTHS?
❑ YES ❑ NO