Oklahoma Spine Hospital
SURGERY • PAIN MANAGEMENT

PATIENT LABEL

Home Medication List

☐ Patient takes no meds or supplements. Source (person completing list) _____

☐ Unable to obtain Reason: _____ Other: _____

List all medications, nutritionals, herbal supplements, pumps, patches, inhalers, drops, sprays, ointments used prior (last 14 days) to this visit or admission.

Allergies: _____

Pharmacy and telephone number: _____

Medication	Dose	Route	Frequency	PRN	Last Dose	Indication