WOOSTER Orthopaedic & Sports Medicine CENTER
A tradition of innovative care that's close to home

PATIENT MEDICATIONS

Please list all current prescription medications and allergies to drugs.
Please bring your current medication bottles with you to your appointment.
List any vitamins and/or herb supplements you are currently taking.

NAME_____DOB_____DATE_____

MEDICATION	DOSAGE/MG	FREQUENCY

ALLERGIES TO DRUGS

MEDICATION	REACTION
Circle if **NONE**	