**JRK**
**SURGICAL**
ROBOTIC SURGERY • WITH A HUMAN TOUCH

# MEDICATIONS LIST

Please list ALL prescription medications, over-the-counter medications, vitamins, supplements, and herbal products you currently take.

## PATIENT INFORMATION

**Patient Name:** _____ **Date of Birth:** _____

**Preferred Name:** _____ **Date:** _____

**Primary Care Physician:** _____ **Pharmacy:** _____

## CURRENT MEDICATIONS

| Medication / Supplement | Dose | How Often | Reason / Indication |
|---|---|---|---|
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## MEDICATION / ALLERGY & SURGERY NOTES

| | |
|---|---|
| **Medication allergies / reactions:** | |
| **Blood thinners or antiplatelet medications:** | |
| **Diabetes medications / insulin / GLP-1 medications:** | |
| **Other important medication instructions or concerns:** | |

**Important:** Do not stop prescription medications, blood thinners, diabetes medications, or other medications unless specifically instructed by your surgeon or prescribing clinician. Some medications and supplements may need adjustment before surgery.

Please notify the surgical office if your medication list changes before your procedure.