



2727 SW 119th Street
Oklahoma City, OK 73170

NAME:

DATE OF BIRTH:

PAST MAJOR SURGICAL PROCEDURES AND OTHER MAJOR HOSPITALIZATIONS WITH APPROXIMATE DATE	

Cont'd from pg 1. Use to list additional medications, including prescription, over-the-counter, and herbals		
NAME OF MEDICATION / DOSE	DIRECTIONS/NOTES: Use patient friendly directions. (Do not use medical abbreviations.)	COMMENTS (reason for use, date started or stopped, Prescriber, etc)

Cont'd from pg 1. Use to list additional allergies and reactions.	
Allergic To/Describe Reaction:	Allergic To/Describe Reaction: