Other Important Information:	Allergies:	Doctors: Name: Phone: Name: Phone: Name: Phone: Pharmacies: Name: Phone: Name: Phone:
What medications should I include? Prescription medicines Over-The-Counter medicines Vitamins Herbal remedies Nutrition pills Respiratory therapy medicines (such as inhalers) Blood factors (such as Factor VIII) IV solutions IV nutrition		

Name:

Phone:

Emergency Contact Name:

Emergency Contact Phone:

Connecticut Orthopaedic and Hand Surgery Center

Start date	Drug Name & (Strength)	Dose (pills, units, puffs, drops)	When do you take it? How many times a day? Morning & night? After meals?	Reason Why do you take it?	Start date	Drug Name & (Strength)	Dose (pills, units, puffs, drops)	When do you take it? How many times a day? Morning & night? After meals?	Reason Why do you take it?
1/1/06	Medicine (40 mg) (Example)	2 pills	Once a day with dinner	Heart					