Long Term Medication Summary

SWAT Surgical Associates, L.L.P.

PATIENT NAME: _____ MEDICAL RECORD #: _____

ALLERGIES/DRUG REACTION _____

DOB _____

MEDICATION/DOSAGE/FREQUENCY/QUANTITY	CHANGES				
	DATE	DATE	DATE	DATE	DATE

"DC" means the medicine was discontinued. Dosage changes may be listed under the date or you may "DC" and rewrite medicine with new dosage.

Page _____

See back for instructions