UROMEDIX
PROVIDING UROLOGIC CARE & SURGERY
A Division of 21st Century Oncology, LLC

Medications and Allergies List

Today's Date _____

Patient Name _____ Acct. # _____

What Medicines are you presently using? (Include Non-Prescription Drugs, Nutritional Supplements, and Herbal Remedies) Please notify us of any changes on follow-up visits so that we can update your list.

Date	Medication/Vitamins	Dosage	How Many Times a Day

Do you have a heart valve disease that requires antibiotics before a procedure? _____
Have you had any other procedures that require antibiotics? _____
Are you Allergic to any medicines? ☐ **NO KNOWN DRUG ALLERGIES**

Medicine	Reaction or Side Effect	Medicine	Reaction or Side Effect
☐ Penicillin	_____	☐ Iodine	_____
☐ Sulfa	_____	☐ Other	_____
☐ Other	_____	☐ Other	_____