

**BLUE RIDGE SURGERY CENTER  
MEDICATION LOG**

Allergies:  No Known Allergies

ALLERGY	REACTION	ALLERGY	REACTION

**CURRENT PRESCRIPTION MEDICATIONS**

NAME OF MEDICATION (PRINT)	DOSE	HOW OFTEN	LAST DOSE TAKEN	CONTINUE AFTER DISCHARGE	STOP TAKING AFTER DISCHARGE	RESUME PER PRESCRIBING DR. INSTRUCTION

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PRESCRIPTIONS GIVEN DAY OF SURGERY:**

MEDICATION	DOSE	HOW OFTEN	REASON FOR MEDICATION

NURSE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_