

**MEDICATION LIST**



ORTHOPEDIC CENTERS OF COLORADO  
Denver Spine Surgeons

Patient Name \_\_\_\_\_

Surgery Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Prescription Medications**

Name of Medication	Dosage	Frequency

**Over the Counter Medications and Herbal Supplements**

Name	Dosage	Frequency

**Medication Allergies**

Name of Medication	Symptoms