

BRADLEY K. VAUGHN, M.D., F.A.C.S.

Joint Replacement and Revision Surgery

CURRENT MEDICATION LIST

(To be completed and brought to pre-op history & physical appointment with Liz)

PATIENT NAME: DATE FORM FILLED O	UT:			10	Y
PLEASE complete this for Physical appointment with prescription medications, not filled out, you may be have any questions, please	n the Physician A over-the-counter asked to resched	Assistant. Inc medications lule your His	clude names and , and vitamins a tory and Physic	dosages of all nd supplement al appointment	your ts. If it is t. If you
NAME OF MEDICINE	DOSAGE	DIRECTI	ONS		
			/		
ALLERGIES and Type of	Reaction				
PLEASE list all doctors th	nat you see. If po	ossible, inclu	de their phone n	umbers.	
DOCTOR NAME	TYPE OF DOCTOR		PHONE N	UMBER	

MAIN: (919) 781-5600

FAX: (919) 863-6822