

SWAN SURGICAL
CARDIAC THORACIC VASCULAR

Medication Sheet

Date: _____ Name: _____ Date of Birth: _____

Please list all the medications you are currently taking:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Do you have any known allergies? (Circle) YES NO

ARE YOU ALLERGIC TO LATEX? (Circle) YES NO

List any medications that you are ALLERGIC to:

1. _____
2. _____
3. _____
4. _____

Have you taken any of the following in the last month?

Prednisone: YES NO

Coumadin: YES NO

Aspirin/Motrin/Naprosyn: YES NO



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