ORTHOPAEDICS NEW ENGLAND

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Hip Replacements
Hip Resurfacing
Knee Replacements
Revision of Failed Replacements
Arthritis Surgery
Hip and Knee Arthroscopy
Orthopaedic Surgery
Fracture Care

DATE: _____

PATIENT MEDICATION RECORD

PATIENT NAME: _____ BIRTH DATE: _____

DRUG NAME & STRENGTH	PILLS/DOSE	TIME/DAY	REASON FOR TAKING	STARTED	STOPPED
Example: Medication Name	*1 Pill*	*7:30am Daily*	*Cholesterol*	*9/24/04*	-------

☐ **CHECK HERE IF NOT TAKING ANY MEDICATIONS**

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