

The Bone & Joint Clinic of Lake Jackson/MEDICATIONS

PATIENT NAME _____ DATE _____

Rev.2/26/2014

Please check any medications you currently take and write the dosages beside them, if known. **PLEASE CIRCLE THE MEDICATIONS YOU SPECIFICALLY TAKE FOR THE PROBLEM YOU ARE SEEING THE DOCTOR FOR TODAY.**

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Accupril
<input type="checkbox"/> Acetaminophen
<input type="checkbox"/> Acetaminophen/Codeine
<input type="checkbox"/> Acetaminophen/Hydrocodone
<input type="checkbox"/> Acetaminophen/Oxycodone
<input type="checkbox"/> Aciphex
<input type="checkbox"/> Actonel
<input type="checkbox"/> Actos
<input type="checkbox"/> Acyclovir
<input type="checkbox"/> Adderall
<input type="checkbox"/> Advair
<input type="checkbox"/> Advicor
<input type="checkbox"/> Aggrenox
<input type="checkbox"/> Albuterol
<input type="checkbox"/> Albuterol Inhaler
<input type="checkbox"/> Aldactone
<input type="checkbox"/> Alesse
<input type="checkbox"/> Aleve
<input type="checkbox"/> Allegra
<input type="checkbox"/> Allegra-D
<input type="checkbox"/> Allopurinol
<input type="checkbox"/> Alphagan
<input type="checkbox"/> Alprazolam
<input type="checkbox"/> Altace
<input type="checkbox"/> Amaryl
<input type="checkbox"/> Ambien
<input type="checkbox"/> Amitriptyline
<input type="checkbox"/> Amoxicillin
<input type="checkbox"/> Amoxicillin/
Clavulanate Potassium
<input type="checkbox"/> Amoxil
<input type="checkbox"/> Apri
<input type="checkbox"/> Aricept
<input type="checkbox"/> Arthrotec
<input type="checkbox"/> Asacol
<input type="checkbox"/> Aspirin
<input type="checkbox"/> Atacand
<input type="checkbox"/> Atenolol
<input type="checkbox"/> Ativan
<input type="checkbox"/> Atrovent
<input type="checkbox"/> Augmentin
<input type="checkbox"/> Avalide
<input type="checkbox"/> Avandamet
<input type="checkbox"/> Avadia
<input type="checkbox"/> Avapro
<input type="checkbox"/> Avelox
<input type="checkbox"/> Avodart
<input type="checkbox"/> Azmacort

<input type="checkbox"/> Baciofen
<input type="checkbox"/> Bactrim
<input type="checkbox"/> Bactroban
<input type="checkbox"/> Beclomethasone Nasal Inhal.
<input type="checkbox"/> Beconase
<input type="checkbox"/> Biaxin
<input type="checkbox"/> Bidil
<input type="checkbox"/> Boniva
<input type="checkbox"/> BuSpar | <input type="checkbox"/> Byetta

<input type="checkbox"/> Caduet
<input type="checkbox"/> Calcimar
<input type="checkbox"/> Calcium
<input type="checkbox"/> Captopril
<input type="checkbox"/> Carbamazepine
<input type="checkbox"/> Cardizem
<input type="checkbox"/> Cardizem CD
<input type="checkbox"/> Cardura
<input type="checkbox"/> Carisoprodol
<input type="checkbox"/> Cartia XT
<input type="checkbox"/> Ceftin
<input type="checkbox"/> Cefzil
<input type="checkbox"/> Celebrex
<input type="checkbox"/> Celecoxib
<input type="checkbox"/> Celexa
<input type="checkbox"/> Cellcept
<input type="checkbox"/> Cenestin
<input type="checkbox"/> Cephalexin
<input type="checkbox"/> Cialis
<input type="checkbox"/> Cipro
<input type="checkbox"/> Citalopram
<input type="checkbox"/> Clarinex
<input type="checkbox"/> Claritin
<input type="checkbox"/> Clemastine Fumarate
<input type="checkbox"/> Climara
<input type="checkbox"/> Clindamycin
<input type="checkbox"/> Clinoril
<input type="checkbox"/> Clomipramine
<input type="checkbox"/> Clonazepam
<input type="checkbox"/> Clonidine HCL
<input type="checkbox"/> Codeine
<input type="checkbox"/> Colchicine
<input type="checkbox"/> Combivent
<input type="checkbox"/> Concerta
<input type="checkbox"/> Coreg
<input type="checkbox"/> Coumadin
<input type="checkbox"/> Cozaar
<input type="checkbox"/> Crestor
<input type="checkbox"/> Cyclobenzaprine
<input type="checkbox"/> Cymbalta

<input type="checkbox"/> Dalmane
<input type="checkbox"/> Darvocet
<input type="checkbox"/> Darvon
<input type="checkbox"/> Demadex
<input type="checkbox"/> Depakote
<input type="checkbox"/> Detrol
<input type="checkbox"/> Diazepam
<input type="checkbox"/> Diazide
<input type="checkbox"/> Diflucan Oral
<input type="checkbox"/> Digitex
<input type="checkbox"/> Digoxin
<input type="checkbox"/> Dilantin
<input type="checkbox"/> Diltiazem | <input type="checkbox"/> Diovan
<input type="checkbox"/> Diovan HCT
<input type="checkbox"/> Dolobid
<input type="checkbox"/> Duragesic
<input type="checkbox"/> Duratruss

<input type="checkbox"/> Ecotrin
<input type="checkbox"/> Effexor
<input type="checkbox"/> Elavil
<input type="checkbox"/> Elidel
<input type="checkbox"/> Enablex
<input type="checkbox"/> Enalapril
<input type="checkbox"/> Endocet
<input type="checkbox"/> Epi-Pen
<input type="checkbox"/> Erythromycin
<input type="checkbox"/> Estrace
<input type="checkbox"/> Estradiol
<input type="checkbox"/> Etodolac
<input type="checkbox"/> Evista

<input type="checkbox"/> Feldene
<input type="checkbox"/> Floricet
<input type="checkbox"/> Flornal
<input type="checkbox"/> Flexeril
<input type="checkbox"/> Flomax
<input type="checkbox"/> Flonase
<input type="checkbox"/> Flovent
<input type="checkbox"/> Folic Acid
<input type="checkbox"/> Forteo
<input type="checkbox"/> Fosamax
<input type="checkbox"/> Furosemide

<input type="checkbox"/> Gabitril
<input type="checkbox"/> Gemfibrozil
<input type="checkbox"/> Gengraf
<input type="checkbox"/> Glimepiride
<input type="checkbox"/> Glipizide
<input type="checkbox"/> Glucophage
<input type="checkbox"/> Glucotrol
<input type="checkbox"/> Glucovance
<input type="checkbox"/> Glyburide

<input type="checkbox"/> Heparin
<input type="checkbox"/> Humalog
<input type="checkbox"/> Humira
<input type="checkbox"/> Humulin
<input type="checkbox"/> Hydrochlorothiazide
<input type="checkbox"/> Hydrocodone
<input type="checkbox"/> Hytrin
<input type="checkbox"/> Hyzaar

<input type="checkbox"/> Ibuprofen
<input type="checkbox"/> Imdur
<input type="checkbox"/> Imitrex
<input type="checkbox"/> Imuran
<input type="checkbox"/> Inderal
<input type="checkbox"/> Indocin | <input type="checkbox"/> Indomethacin
<input type="checkbox"/> Inspra
<input type="checkbox"/> Isosorbide Mononitrate

<input type="checkbox"/> K-Dur
<input type="checkbox"/> Kariva
<input type="checkbox"/> Keflex
<input type="checkbox"/> Keppra
<input type="checkbox"/> Ketoprofer
<input type="checkbox"/> Klor-Con

<input type="checkbox"/> Labetalol
<input type="checkbox"/> Lamictal
<input type="checkbox"/> Lamisil
<input type="checkbox"/> Lanoxin
<input type="checkbox"/> Lantus
<input type="checkbox"/> Lasix
<input type="checkbox"/> Lescol
<input type="checkbox"/> Levaquin
<input type="checkbox"/> Levofloxacin Tablets
<input type="checkbox"/> Levothroid
<input type="checkbox"/> Levothyroxine
<input type="checkbox"/> Levoxyl
<input type="checkbox"/> Lexapro
<input type="checkbox"/> Lipitor
<input type="checkbox"/> Lisinopril
<input type="checkbox"/> Lithium
<input type="checkbox"/> Lo/Ovral
<input type="checkbox"/> Lodine
<input type="checkbox"/> Loestrin Fe 1/20
<input type="checkbox"/> Lopressor
<input type="checkbox"/> Lorazepam
<input type="checkbox"/> Lortab
<input type="checkbox"/> Lortab Liquid
<input type="checkbox"/> Lotensin
<input type="checkbox"/> Lotrel
<input type="checkbox"/> Lovastatin
<input type="checkbox"/> Lovenox
<input type="checkbox"/> Lunesta
<input type="checkbox"/> Lyrica

<input type="checkbox"/> Macrobid
<input type="checkbox"/> Maxzide
<input type="checkbox"/> Medroxyprogesterone
<input type="checkbox"/> Meloxicam
<input type="checkbox"/> Menest
<input type="checkbox"/> Menostar
<input type="checkbox"/> Metformin HCL
<input type="checkbox"/> Methacarbomal
<input type="checkbox"/> Methylprednisolone
<input type="checkbox"/> Metoprolol Oral
<input type="checkbox"/> Miacalcin Nasal Spray |
|---|--|--|---|

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- | | | |
|---|--|---|
| <input type="checkbox"/> Micardis
<input type="checkbox"/> Minocycline
<input type="checkbox"/> Mobic
<input type="checkbox"/> Monopril
<input type="checkbox"/> Morphorine
<input type="checkbox"/> Motrin
<input type="checkbox"/> Mucinex
<input type="checkbox"/> Nabumetone
<input type="checkbox"/> Naprosyn
<input type="checkbox"/> Nefazodone
<input type="checkbox"/> Nasonex
<input type="checkbox"/> Neurontin

<input type="checkbox"/> Nexium
<input type="checkbox"/> Niacin
<input type="checkbox"/> Niaspan
<input type="checkbox"/> Nitrostat
<input type="checkbox"/> Norco
<input type="checkbox"/> Norvasc | <input type="checkbox"/> Remicade
<input type="checkbox"/> Restoril
<input type="checkbox"/> Rhinocort Spray
<input type="checkbox"/> Risperdal
<input type="checkbox"/> Ritalin
<input type="checkbox"/> Robaxin
<input type="checkbox"/> Roxicet
<input type="checkbox"/> Seasonale
<input type="checkbox"/> Serevent
<input type="checkbox"/> Seroquel
<input type="checkbox"/> Singulair
<input type="checkbox"/> Skelaxin
<input type="checkbox"/> Soma
<input type="checkbox"/> Spiriva
<input type="checkbox"/> Spironolactone
<input type="checkbox"/> Strattera

<input type="checkbox"/> Sular
<input type="checkbox"/> Sulfamethoxazole
<input type="checkbox"/> Synthroid | <input type="checkbox"/> Zanaflex
<input type="checkbox"/> Zantac
<input type="checkbox"/> Zebeta
<input type="checkbox"/> Zestoretic
<input type="checkbox"/> Zestril
<input type="checkbox"/> Zetia
<input type="checkbox"/> Ziac
<input type="checkbox"/> Zithromax
<input type="checkbox"/> Zocor
<input type="checkbox"/> Zolofit
<input type="checkbox"/> Zolpidem
<input type="checkbox"/> Zomig
<input type="checkbox"/> Zonegran
<input type="checkbox"/> Zprexa
<input type="checkbox"/> Zyrtec
<input type="checkbox"/> Zyvox |
|---|--|---|

- | | |
|---|---|
| <input type="checkbox"/> Omnicef
<input type="checkbox"/> Ortho Tri-Cyclen
<input type="checkbox"/> Ortho-Cept
<input type="checkbox"/> Ortho-Cyclen
<input type="checkbox"/> Ortho-Novom 7/7/7
<input type="checkbox"/> Oxaprozin
<input type="checkbox"/> Oxycodone
<input type="checkbox"/> OxyContin

<input type="checkbox"/> Pamelor
<input type="checkbox"/> Paxil
<input type="checkbox"/> Pepcid
<input type="checkbox"/> Phenergan
<input type="checkbox"/> Phrenilin
<input type="checkbox"/> Piroxicam
<input type="checkbox"/> Plavix
<input type="checkbox"/> Plendil Chloride
<input type="checkbox"/> Potassium
<input type="checkbox"/> Pravachol
<input type="checkbox"/> Prazosin
<input type="checkbox"/> Prednisone
<input type="checkbox"/> Premarin
<input type="checkbox"/> Premphase
<input type="checkbox"/> Prempro
<input type="checkbox"/> Prevacid
<input type="checkbox"/> Prilosec
<input type="checkbox"/> Primidone
<input type="checkbox"/> Prinivil
<input type="checkbox"/> Procardia XL
<input type="checkbox"/> Procrit
<input type="checkbox"/> Propoxyphene
<input type="checkbox"/> Proscar
<input type="checkbox"/> Protonix
<input type="checkbox"/> Proventil Inhaler
<input type="checkbox"/> Provera
<input type="checkbox"/> Provigil
<input type="checkbox"/> Prozac

<input type="checkbox"/> Rebif
<input type="checkbox"/> Relafen
<input type="checkbox"/> Remeron | <input type="checkbox"/> Talwin
<input type="checkbox"/> Tamoxifen
<input type="checkbox"/> Temazepam
<input type="checkbox"/> Terazosin
<input type="checkbox"/> Tiazac
<input type="checkbox"/> Topamax
<input type="checkbox"/> Toprol XL
<input type="checkbox"/> Tramadol
<input type="checkbox"/> Trazodone
<input type="checkbox"/> Triamcinolone Topical
<input type="checkbox"/> Triamterene and
Hydrochlorothiazide
<input type="checkbox"/> Tricor
<input type="checkbox"/> Trileptal
<input type="checkbox"/> Trimethoprim
<input type="checkbox"/> Trimox
<input type="checkbox"/> Triphasil

<input type="checkbox"/> Ultracet
<input type="checkbox"/> Ultram

<input type="checkbox"/> Valium
<input type="checkbox"/> Valtrex
<input type="checkbox"/> Vasotec
<input type="checkbox"/> Veetids
<input type="checkbox"/> Verapamil
<input type="checkbox"/> Viagra
<input type="checkbox"/> Vicodin
<input type="checkbox"/> Vicoprofen
<input type="checkbox"/> Vitamin D
<input type="checkbox"/> Voltaren
<input type="checkbox"/> Vytorin

<input type="checkbox"/> Warfarin
<input type="checkbox"/> Wellbutrin SR

<input type="checkbox"/> Xalatan
<input type="checkbox"/> Xanax
<input type="checkbox"/> Xopenex Nebulizer

<input type="checkbox"/> Yasmin |
|---|---|

Other Medications not listed:
