Weill Cornell Medicine | NewYork-Presbyterian
Cardiothoracic Surgery

**Enter Current Date: _____** **MRN:_____**

| Patient's Name | Date of Birth | Patient's Phone# | Person completing the form | Relationship to patient | Contact Phone# |
|---|---|---|---|---|---|
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## PREFERRED PHARMACY

| PHARMACY NAME | PHARMACY ADDRESS | PHARMACY PHONE NUMBER | PHARMACY FAX NUMBER |
|---|---|---|---|
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## MEDICATIONS LIST

**Please include PLAVIX, FISH OIL, COUMADIN, ASPIRIN OR any blood thinning medication**

| PRESCRIPTION MEDICATION | | | | |
|---|---|---|---|---|
| Medication Name | Prescribing doctor's name | Purpose for medication | Dose (ex. 2mg, 1tsp) | How Often? (ex. 3x/day) |
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## ALLERGIES

| Name of Drug | Allergic Reaction |
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| Notes |
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525 East 68th Street, Suite M404 New York NY 10065 | T. 212-746-5194 | F. 646-962-0108 | ctsurgery@med.cornell.edu

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