

POST-SURGERY MEDICATION LOG

Date: ___ / ___ / 20___

Patient Name: _____

Procedure: _____

MEDICATION NAME	DOSAGE	FREQUENCY / PURPOSE	TIME TAKEN (CHECK BOX)	LAST DOSE
Example: Ibuprofen	400mg	Every 6 hours / Pain	6am	_____:____
			12pm	
			6pm	
			12am	
			am	
			pm	
			pm	
			am	
			am	
			pm	
			pm	
			am	
			am	
			pm	
			pm	
			am	

Important Instructions / Notes (e.g., "Take with food", "Avoid driving"):

In case of emergency or severe adverse reactions, contact your surgeon or call emergency services immediately.