



ORTHO, SPINE & SPORT Clinic
Dr. Mohamed Kilany
Orthopedic and Spine Surgery Specialist

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Personal Medication List

Name _____

Medical insurance No. _____

Address _____

Doctor's Name _____

Doctor's Telephone No. _____

Pharmacy Name _____

Pharmacy Telephone No. _____

For Emergencies (Name) _____

At (Phone No.) _____

Conditions I am being treated for:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Medication Allergies & Sensitivities

Medication - Type of Reactions - Date of Reaction

Immunizations

Date of last Flu vaccine : _____

Date of last Pneumovax: _____

Date of last Tetanus : _____

ALWAYS KEEP THIS CARD WITH YOU.

How does this card help you?

- Improves MEDICATION SAFETY
- Improves communication

Patient Signature