FORCE Family Orthopaedics & Rehabilitation Center
275 WEST BASSET ROAD, SUITE 2, SHELBYVILLE, INDIANA 46176 • 317-392-2161 / FAX 317-398-1870

PLACE PATIENTS LABEL HERE

# ALLERGY RECORD

| | |
|---|---|
| **ALLERGIES**<br>☐ Yes ☐ No | **Allergic to:**<br>☐ None ☐ Adhesives ☐ Contrast Dye ☐ Food ☐ Latex ☐ Nail Polish/Cosmetic<br>☐ Nuts/Peanuts ☐ Seafood ☐ Other, Please List: |
| **MEDICATION ALLERGIES**<br>☐ Yes ☐ No | **If Yes, Indicate Medication Allergies:**<br>☐ Codeine ☐ Morphine ☐ Penicillin ☐ Sulfa ☐ Other: |

# MEDICATION RECORD

| DATE | MEDICATION | DOSAGE | QTY | REFILLS | STOP DATE |
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