

Patient's Name: _____

Are you diabetic yes **no**

What medicines you take for diabetes: _____

Do you have a pacemaker or defibrillator **yes no**

Pacemaker company name: _____

Pacemaker representative: _____

Pacemaker company telephone number: _____

Model: _____ Serial No.: _____

Cardiology: _____

	Ativan		Klonopin		Restoril
	Ambien CR		Lexapro		Roxicet
	Buspar		Librax		Rozerem
	Cymbalta		Librium		Sonata
	Dalmane		Lorazepan		Talwin
	Darvocet		Lunesta		Tranxene
	Darvon		Morphine		Tylenol with codeine
	Demerol		Oxycontin		Vicodin
	Diazepan		Paxil CR		Vistaril
	Duragesic		Percocet		Wellbutrin
	Effexor XR		Percodan		Xanax XR
	Halcion		Prozac		Zoloft
			Methadone		

Patient's signature: _____