Interventional Pain Physicians Of South Florida *Nancy Erickson, D.O.*

Medication List Update

Including Vitamins, Herbal Remedies and over the counter medications

Patient Name:_____Allergies: _____

Date	**Name of Medication** Brand Name/Generic name too if available	**Dose** (mg, units, puffs, drop)	**How Often do you take this medication?**	**Purpose** Why do you take it?	**Physician Name**	**Otc**	**Dr. E**	**D/C Date**

In order to expedite any medication prior authorization the following information must be answered

- Which of the following medication have you tried to control your pain:

☐ Embeda
☐ Exalgo
☐ Fentanyl Patches
☐ Flexeril
☐ Gabapentin
☐ Lyrica
☐ Morphine Sufate ER
☐ Nuycynta ER
☐ Opana ER
☐ Oxycodone
☐ Oxycontin
☐ Percocet
☐ Vicodin
☐ Xtampza

List any addition medications:_____
_____

- What pain medication has given you adverse reaction? _____
_____
_____

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