

Surgery Medications- Please make modifications with patient Allergies as needed:

*Take all meds with Food	Day Before Surgery	Surgery Day	Day After Surgery (Day 1)	(Day 2)	(Day 3)	(Day 4)	(Day 5)	(Day 6)	(Day 7) Follow Up Appt. TODAY
Doxycycline (antibiotic)		<input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM					
Lortab/ Hydrocodone (pain) optional		<input type="checkbox"/> Every <input type="checkbox"/> 6 hours <input type="checkbox"/> as <input type="checkbox"/> needed	<input type="checkbox"/> Every <input type="checkbox"/> 6 hours <input type="checkbox"/> as <input type="checkbox"/> needed	<input type="checkbox"/> Every <input type="checkbox"/> 6 hours <input type="checkbox"/> as <input type="checkbox"/> needed					
Ativan/ Lorazepam (anxiety/sleep) optional	<input type="checkbox"/> Take at bedtime if needed	<input type="checkbox"/> Every <input type="checkbox"/> 8 hours <input type="checkbox"/> as <input type="checkbox"/> needed	<input type="checkbox"/> Every <input type="checkbox"/> 8 hours <input type="checkbox"/> as <input type="checkbox"/> needed	<input type="checkbox"/> Every <input type="checkbox"/> 8 hours <input type="checkbox"/> as <input type="checkbox"/> needed					
Celebrex/ celecoxib (inflammation)		<input type="checkbox"/> PM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	
Phenergan/ Promethazine (nausea) optional		<input type="checkbox"/> Every <input type="checkbox"/> 6 hours <input type="checkbox"/> as <input type="checkbox"/> needed	As Needed	As Needed					
Arnica 30X Under tongue (bruising/swelling) *In white bag	<input type="checkbox"/> 1 tab AM <input type="checkbox"/> 1 tab PM	<input type="checkbox"/> 1 tab PM	<input type="checkbox"/> 1 tab AM <input type="checkbox"/> 1 tab PM	<input type="checkbox"/> 1 tab AM <input type="checkbox"/> 1 tab PM	<input type="checkbox"/> 1 tab AM <input type="checkbox"/> 1 tab PM	<input type="checkbox"/> 1 tab AM <input type="checkbox"/> 1 tab PM	<input type="checkbox"/> 1 tab AM <input type="checkbox"/> 1 tab PM		
Scopolamine patch (nausea)		Bring to Surgery	Take off						
Valtrex (anti- Viral) Valacyclovir (cold sores)	<input type="checkbox"/> 1 tab AM <input type="checkbox"/> 1 tab PM	<input type="checkbox"/> 1 tab PM	<input type="checkbox"/> 1 tab AM <input type="checkbox"/> 1 tab PM	<input checked="" type="checkbox"/> 1 tab AM <input checked="" type="checkbox"/> 1 tab PM	<input checked="" type="checkbox"/> 1 tab AM <input checked="" type="checkbox"/> 1 tab PM	<input checked="" type="checkbox"/> 1 tab AM <input checked="" type="checkbox"/> 1 tab PM	<input checked="" type="checkbox"/> 1 tab AM <input checked="" type="checkbox"/> 1 tab PM	<input checked="" type="checkbox"/> 1 tab AM <input checked="" type="checkbox"/> 1 tab PM	

~Ibuprofen 400mg PO every 8 hrs can be used for pain as needed OR Tylenol 1000mg every 6hrs as needed for pain if not taking Hydrocodone; (Non-Narcotic prescription pain med – Tramadol (Ultram) 50mg BID every 6hrs as needed).

*****Gentamicin ointment to be applied to incision site as needed.**

*****Note: Blood Pressure medication should be brought with you to Surgery.**

*****BRING ALL MEDICATIONS WITH YOU TO SURGERY*****