THE CENTER FOR SURGERY
Staffed for your specialty.SM

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MEDICATION RECONCILIATION RECORD

Allergic to/ Describe reaction:

_____

_____

Medications: List prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). INCLUDE medications taken as needed (example: nitroglycerin). Please include dosages. Continue on additional pages as necessary.

				For Physician Use Only		
Drug Name	**Dose**	**Route**	**Frequency**	**Continue**	**Discontinue**	**Last Dose**
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

All medications should be reviewed with your doctor(s). If you have questions about a particular medication, contact the doctor who originally ordered the medication for you. (This list is based on the information provided by patient and/or family, and reflects medications taken by patient prior to admission.)

Patient, Parent or Legal Guardian Signature: _____ *Signature* _____ *Date*

Medication History Verified With Patient By: _____ *Nurse Signature* _____ *Date*

Medications Prescribed During This Visit:

Drug Name	**Dose**	**Route**	**Frequency**