

## Medication Reconciliation Form

No known allergies

### Allergies

LATEX ALLERGY:  Yes  No

Allergy:	Reaction:	Allergy:	Reaction:	Allergy:	Reaction:

Patient is not currently taking any medications or supplements

### Current Medications

Medication	Dose	Frequency	Date of Last Dose	Resume Medication
				<input type="checkbox"/> today <input type="checkbox"/> other
				<input type="checkbox"/> today <input type="checkbox"/> other
				<input type="checkbox"/> today <input type="checkbox"/> other
				<input type="checkbox"/> today <input type="checkbox"/> other
				<input type="checkbox"/> today <input type="checkbox"/> other
				<input type="checkbox"/> today <input type="checkbox"/> other
				<input type="checkbox"/> today <input type="checkbox"/> other
				<input type="checkbox"/> today <input type="checkbox"/> other
				<input type="checkbox"/> today <input type="checkbox"/> other
				<input type="checkbox"/> today <input type="checkbox"/> other

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Reviewed Medication Reconciliation with patient:

Preop-nurse \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

PACU nurse \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Resume preoperative medications as previously prescribed.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

 **SPECIALTY**  
SURGICAL CENTER