

## RECONCILIATION OF PATIENT'S MEDICATIONS

**Patient Name:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **Patient's Pharmacy:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Allergies:** \_\_\_\_\_ **Reaction:** \_\_\_\_\_

<b>* Patient To Complete</b>				<b>Nurse to Complete</b>			
*Names of Medications	*Dosages	*Frequency (when)	*Route (how)	Check with primary care physician before resuming ✓	Resume as pre-op ✓	Change to:	Discontinue ✓

**POST-OP MEDICATION ORDERS: Physician to complete this section:**  **Add** (see below)

Names of Medications	Dosages (amount)	Frequency (when)	Route (how)	Names of Medications	Dosages (amount)	Frequency (when)	Route (how)
1.				4.			
2.				5.			
3.				6.			

**PREOP RN Signature:** \_\_\_\_\_ **Discharge RN Signature:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Patient Signature:** \_\_\_\_\_

**Note to Patient: Please take this medication list to your next doctor's appointment**