

### MEDICATION RECONCILIATION FORM

<b>Allergies(Medication, Foods and Other Products):</b>							
<b>Active Medication List: List below all medicines the patient is taking</b>							
<b>at the time of admission. Include all medicines, vitamins and herbal products</b>						<b>AT DISCHARGE</b>	
[ ] Confirmed with patient in preop    RN Signature:						Continue at Discharge	Do Not Take upon Discharge
<b>Dosing Information Is Required If Possible</b>							
<b>Medication Name</b>	<b>Dosage</b>	<b>Route</b>	<b>Frequency</b>	<b>Last dose</b>	<b>Reason For Med</b>		

On No Medications  
( )

MD Signature

PACU RN Signature

Copy Given to Patient  
( )

Notes:

**New Medicines Prescribed for Patient At Time Of Discharge**

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*Information obtained by: Patient    Family/Caregiver*

*Bottles/List*

*MD Office Records*