

MEDICATION RECONCILIATION LIST

Allergies: _____

The following is a list of prescriptions, over-the-counter, vitamins and herbal/natural medications provided by you during the pre-op interview.

	MEDICATION	DOSAGE	FREQ.	LAST DOSE	PURPOSE	RESUME	DIR.
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							

Your Doctor has prescribed new medication(s) for your today:

	MEDICATION	DOSAGE	FREQ.	LAST DOSE	PURPOSE
1					
2					
3					
4					

 Signature Pre-Op RN

 Signature Discharge RN

 Signature Pre-Op RN

 Date

**If you have any questions regarding your medications, please call your physician's office. Refer to your discharge instructions for post-op care information.