

University Center for Ambulatory Surgery

Medication Reconciliation Form

Patient Label

ALLERGIES:

Reminder Check List

- Aspirin, Motrin, Advil, Ibuprofen, Aleve, Naproxen, or other pain relievers
- Allergy Medicine
- Antacids
- Anti-fungal
- Antibiotics
- Contraceptives
- Cold, flu or cough Medicines
- Blood pressure or heart medicines
- Decongestants
- Hormones
- Laxatives
- Medication patches
- Sleeping Pills
- Weight loss pills
- Vitamins, Minerals
- Herbal remedies or supplements

HOME MEDICATIONS ON ADMISSION (PRESCRIPTIONS, OTC, HERBALS, EYE DROPS & SUPPLEMENTS)					PLAN FOR THIS MEDICATION AFTER SURGERY AND DISCHARGE HOME:	
Medication Name	Dose	Route	Frequency	Last taken Date/Time	<input type="checkbox"/> Continue taking these as ordered by prescribing physician	<input type="checkbox"/> Stop or Change Medication
					<input type="checkbox"/> Continue taking these as ordered by prescribing physician	<input type="checkbox"/> Stop or Change Medication
					<input type="checkbox"/> Continue taking these as ordered by prescribing physician	<input type="checkbox"/> Stop or Change Medication
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					<input type="checkbox"/> Continue taking these as ordered by prescribing physician	<input type="checkbox"/> Stop or Change Medication

****Any questions regarding medications taken prior to this procedure, please contact the prescribing physician**

Patient Signature: _____

ADDITIONAL MEDICATIONS TO TAKE AFTER YOU RETURN HOME:

Pre-Op RN Signature: _____

Medication Name	Dose	Route	Frequency	OTHER INSTRUCTIONS

PACU RN Signature: _____

Physician Signature: _____