



Patient Label

**RECONCILIATION OF PATIENTS MEDICATIONS**

Include OTCs & alternative meds (herbals). (Alternative meds will not be continued on admission).

Allergies: \_\_\_\_\_

Information Source: \_\_\_\_\_ Patient \_\_\_\_\_ Family \_\_\_\_\_ Other \_\_\_\_\_

Patient's Pharmacy(s) \_\_\_\_\_

Check here if patient is not currently on any medication.

Medication Name	Dose	Route	Frequency	Last Dose		Physician Decision: Resume Medications	
				Date	Time	Y	N
1						Y	N
2						Y	N
3						Y	N
4						Y	N
5						Y	N
6						Y	N
7						Y	N
8						Y	N
9						Y	N
10						Y	N
11						Y	N
12						Y	N
13						Y	N
14						Y	N
15						Y	N

PRE-OP RN Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

PACU MEDS GIVEN P.O.	NEXT DOSE Time (option)	PACU MEDS GIVEN P.O.	NEXT DOSE Time (option)

PACU RN Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

*I have reviewed this list of patient medications and to the best of my knowledge; the additional medications I have ordered will not result in any adverse reaction(s).*

Physician/Anesthesiologist Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_