SPECIALTY
SURGICAL CENTER

Medication Reconciliation Form

Reviewed Medication Reconciliation with patient:

Preop-nurse _____ **Date**_____ **Time**_____

PACU nurse_____ **Date**_____ **Time**_____

□ **No known allergies** **Allergies**

Allergy:	Reaction:	Allergy:	Reaction:	Allergy:	Reaction:

□ **Patient is not currently taking any medications or supplements**

Current Medications

Medication	Dose	Frequency	Date of Last Dose	Resume Medication
				□ today □ other
				□ today □ other
				□ today □ other
				□ today □ other
				□ today □ other
				□ today □ other
				□ today □ other
				□ today □ other
				□ today □ other
				□ today □ other

Patient Signature _____ **Date**_____ **Time**_____

□ **Resume preoperative medications as previously prescribed.**

PhysicianSignature_____ **Date**_____ **Time**_____

Patient Label