Surgeons Surgery Center

Medication Reconciliation Sheet

(Please Print)

Patient Stated Home Medications (including herbal and over the counter drugs):

Allergies/Reaction:_____

Medication	Dosage	Frequency	Date/Time Last Taken	Taken by mouth or injection	Reason	Resume Yes/When	Resume NO

Please list additional medications on separate sheet.

_____ _____ _____

RN Signature Date Patient Signature Surgeon Signature Date

Added Prescription Medications/Medications receiver in PACU

Medication	Dosage	Route	Date/Time	Frequency	Reason	Notes

I have received a copy of my reconciled medication at discharge from_____ Surgery Center. I understand that I am responsible for the confidentiality of this list.

_____

Patient/Resp. Party Signature Date

☐ Medication reconciled with patient and ride upon discharge.

_____

Discharge RN Signature Date