Medication Reconciliation Form

Allergies(Medication, Food or Latex)	Reacti	Reaction		
Pre-Operative Medications		_	1	
Routinely Taken Medication (incl. Over-the Counter, Vitamins, EyeDrops, & Herbals)	e- Dose	Frequency	Reason For Taking	
Counter, viculinis, Eye Erops, extremous,	Bose	requercy	Reason For Taking	
		1		
	-	+		
Detient Signature	Date	Tim		
Patient Signature	Date	11111		
Patient Signature	Date	Tim	e	
D (' , C' ,	D.	Tr'		
Patient Signature ***********************************	Date leted R	V Nursing	Staff **********	
Routine Medications Taken Morning of				
Surgery	Dose	Time	Comments	
New Prescriptions Added	Dose	Frequency	Comments	
Adverse Drug Reaction	Treatr	Treatment		

THE TO ST. 11 ST. TO