

Surgery Pre-Op Medication Reconciliation List

Patient Name: _____

Allergies: _____

Please include all prescription, over-the-counter, vitamins and herbal / natural medications taken routinely prior to admission.

Data Source: Patient Family MD Pharmacies Old Records Other Healthcare Facility

Pharmacy: _____

Pharmacy Phone Number: _____

Name of Medication	Dosage	Frequency (When)	Route (How)	Indication (Why taking)	Prescribed by:	Medication Taken Day of Surgery	Resume as Pre-Op	Add to List	Discontinue

Note to Patient: If you have additional medications, please continue on back of this page.

PHYSICIAN TO COMPLETE THIS SECTION: POST-OP MEDICATION ORDERS

No change; take all medications as listed on admission Add (see above) Change (see above) Discontinue (see above)

Notes: _____

Patient Signature Date

Physician Signature Date

Signature of RN obtaining original list Date

Signature of discharge RN Date

