Medication Reconciliation Form

Pre-Operative Medications			Discharge Medications		
Routinely Taken Medication Name (includes OTC & Herbals)	**Dose**	**Frequency**	**Resume Yes**	**Resume No**	**New Med Yes/No**
Routine Medications Held for Surgery					
New Prescriptions added					

Patient could not provide medication doseage(s)

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Patient Signature

Patient Signature

				RN Signature		