Plaza ASC ***MEDICATION RECONCILIATION***

PATIENT LABEL

Allergies: [ ] NKDA	**Reaction:**	**Sensitivities: [ ] None**	**Reaction:**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date	ALL MEDICATIONS INCLUDING OVER THE COUNTER	Dose	Frequency	Last Dose Taken	Add	Stop

RN/LPN Signature Date Time

New Medication	Dose	Frequency	Reason	Med Info Sheet Given

Medications have been reviewed with patient/caregiver. If you have questions regarding your medication(s), please contact the prescribing physician. Please take this list to your next doctor's visit.

Patient/Caregiver Signature Date Time

Discharge Nurse Date Time

COPY TO PATIENT