TRUCKEE SURGERY CENTER

MEDICATION RECONCILIATION LIST

Patient Name: _____ Date: _____

ALLERGIES:_____

_____

Data Source: ☐ Patient ☐ Family ☐ MD ☐ RN ☐ Pharmacies ☐ Old records ☐ Other Health Care facility

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

☐ **NO MEDICATIONS UPON ADMISSION**

MEDICATION	DOSAGES (mg/mcg)	Frequency (when)	Route (how)	Last Dose Taken

Signature of MD/RN obtaining original list: _____ Date: _____

Signature of Patient/Legal Guardian: _____ Date: _____