



TRI-COUNTY SURGERY CENTER

Medication Reconciliation Form

Patient label to be attached by Center

Please complete this form and be sure to include all medications/herbs/vitamins/over the counter preparations

Table with 4 columns: Medication, Dose, Frequency, Reason. Includes an example row and checkboxes for 'I DO NOT TAKE ANY MEDICATIONS' and 'SEE ATTACHED LIST'.

Patient unable to provide detailed information. Reason: _____

** Use back of form to list additional medications if not enough lines above **

Discharge Instructions for Medications:

- Resume your current medication (as listed above)
No medications at this time
See additional medication instructions provided
New medication education material provided
If you have any questions about your medications, contact the prescribing physician. Pain medications should be taken with food.

Below are the medications prescribed by your physician today:

Table with 4 columns: Medication, Dose, Frequency, Comment. Includes a checkbox for 'SEE DISCHARGE INSTRUCTIONS'.

Patient/Responsible Party _____ Date/Time: _____

Nurse's Signature _____ Date/Time: _____