



MONTGOMERY SURGICAL CENTER

# Medication Reconciliation

**KEY:**  
 MCG: MICROGRAM  
 MG: MILLIGRAM  
 PO: BY MOUTH  
 GTT: DROP  
 SQ: SUBCUTANEOUS  
 Bid-twice a day  
 Tid-three times a day  
 Qid-four times a day  
 Prn-as needed

Allergies: \_\_\_\_\_

*LIST BELOW ALL OF THE PATIENTS MEDICATIONS PRIOR TO ADMISSION INCLUDING OTC AND HERBAL MEDS*

Source of Medication list: (check all used) \_\_\_\_\_

- Patient medication list
- Patient/Family recall
- Pharmacy \_\_\_\_\_
- Primary care physician list
- Previous discharge paperwork
- Medication Administration record from facility
- Other: \_\_\_\_\_

**CHECK HERE IF THIS IS AN ADDENDUM TO OR REVISION OF PREVIOUSLY COMPLETED MEDICATION LIST**

MEDICATION HISTORY RECORDED/VERIFIED BY: \_\_\_\_\_

DATE RECORDED: \_\_\_\_\_

**To Be Completed for Discharge**

MEDICATION NAME (WRITE LEGIBLY)	DOSE (mg, mcg)	ROUTE (PO, GTT, SQ)	FREQUENCY	LAST DOSE DATE/TIME	PHYSICIAN ORDER	PHYSICIAN ORDER	PHYSICIAN ORDER
					Resume as Pre-op ✓	Add to List ✓	Discon- tinue ✓
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

**PHYSICIAN TO COMPLETE THIS SECTION: POST-OP MEDICATION ORDERS:**

- No Change; take all medication as listed on admission       Add       Change       Discontinue

PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RN Signature \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Note to Patient: Take this medication list to your next doctor's appointment. It is recommended that you bring a list of your current medications to each medical appointment.