



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 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.