Memorial
Same Day Surgery
Centers

Medication Reconciliation

ALLERGY	REACTION	ALLERGY	REACTION
1.		1.	
2.		2.	
3.		3.	

LIST BELOW ALL MEDICATIONS CURRENTLY BEING TAKEN
Including over the counter, vitamins and herbal supplements
_____ Check here if NO medications are taken

NAME OF MEDICATION	DOSE *How many mg,mcg*	HOW TAKEN *By mouth, patch, inhaled, injected*	HOW OFTEN	INDICATION *Reason for taking*	DATE LAST TAKEN	RESUME MEDICATIONS *With √ below*

NEW MEDICATION/PRESCRIPTION INFORMATION Given today:

Medication	Dose, Route, Frequency	Indication	Next Dose

PLEASE BRING THIS MEDICATION RECORD WTH YOU TO ANY OF YOUR PHYSICIANS.
Keeping an accurate record of your current medications may help prevenct medical errors.