# Cypress Surgery Center

| MEDICATION RECONCILIATION LIST | | | |
|---|---|---|---|
| **List Medications:** Prescription, over-the-counter, herbal/natural, & vitamins | **DOSAGE:** if you are unsure of dose bring with you | **Frequency:** as needed, or how many times per day/week/month. | |
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| **Routine medications stopped for surgery** | **Dosage** | **Frequency** | |
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| **New prescriptions added** | **Dosage** | **Frequency** | |
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| **MEDICATION ALLERGIES:** List any drug allergies here | | | |
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| **[ ] COPY TO PATIENT** | **☐ RESUME PRE-OP MEDICATIONS** | | |
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| **PATIENT SIGNATURE (ABOVE)** | **DATE** | **PHYSICIAN SIGNATURE** | **DATE** |
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| **RN SIGNATURE OBTAINING ORIGINAL** | **DATE** | **DISCHARGE RN SIGNATURE** | **DATE** |