

Cypress Surgery Center

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