

DISC SURGERY CENTER AT NEWPORT BEACH
Medication Reconciliation Form



A copy of this record will be given to you at the time of discharge. This medication reconciliation form has been provided as a patient education and safety service of Diagnostic and Interventional Surgical Center. For your safety and convenience, keep a copy with you at all times.

<input type="checkbox"/> No Known Allergies	
Allergies / Sensitivities	Reactions

Medications: List all prescribed, over the counter, vitamins, and herbal medications taken within **30 days** prior to surgery/procedure.

Medication	Dose/Strength	Frequency	Last Dose Taken (Date/Time)

Note to Patient: Contact your primary care physician and/or cardiologist prior to restarting ALL medications discontinued before surgery.
 (Example: aspirin, Coumadin, Plavix, etc.)

Date Prescribed	Medication / Dose / Strength / Frequency	Reason Prescribed	Last dose taken	Next dose due

Prescription given to patient pre-operatively

*The above medication & allergy information is correct to the best of my knowledge.
 I have received a copy, read and understand the Medication Reconciliation Form.*

_____ Date/Time
 Patient Signature/Responsible Party & Relation

_____, RN _____, RN _____, RN
 Admitting Nurse OR Nurse PACU Nurse

_____, MD _____, MD
 Anesthesiologist Surgeon

Patient's primary concern / worry / fear about this admission: _____

How can we help? _____

