

A Partnership of Scripps Mercy Hospital and Physicians

Allergies: No Known All	CTION					atex Allergy?				
ALLERGY (DRUG)	KEA	REACTION			ALLERGY (DRUG)			REACTION		
THIS PATIENT TAKES NO MED	ICATIONS.									
rrent Prescription Medications										
t all prescriptions including insu		inhalors :	and non-nr	escrintion	medicati	on such as v	itamine	acnirin h	arhs	
t an prescriptions including insu			ана поп-рі І	escription	Intedication	FOR PHYS		-	CIDS	
CURRENT HOME MEDICATION	DOSE.	ROUTE	HOW OFTEN	LAST TAKEN	Check medications to		<u> </u>			
CURRENT HOME MEDICATION	DOSE				be continued after		COMMENTS			
					discharge					
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					□Y	\square N				
					□Y	\square N				
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ient Signature				Pre-Op Nurse Signature			Date/Time			
w Medication you should take	after discharg	ge:		NE				_		
DISCHARGE MEDICATIONS		DOSE	ROUTE	HOW	OFTEN	NEXT DOSE		Rx GIVEN		
								□Y		
								□Y		
								□Y		
charge Medication Reconciliat	Discharge and home medications have been reviewed with patient representative									
There are no changes to the pr	evious medica	tions								
	PACU Nurse Signature/Date/Time									
		J -/-								
sician Signature/Date/Time	Patient Representative Signature/Date/Time									