

Allergies: No Known Allergies

Latex Allergy? Yes No

| ALLERGY (DRUG) | REACTION | ALLERGY (DRUG) | REACTION |
|----------------|----------|----------------|----------|
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THIS PATIENT TAKES NO MEDICATIONS.

Current Prescription Medications:

List all prescriptions including insulin, eye drops, inhalers, and non-prescription medication such as vitamins, aspirin, herbs

| CURRENT HOME MEDICATION | DOSE | ROUTE | HOW OFTEN | LAST TAKEN | FOR PHYSICIAN USE ONLY | |
|-------------------------|------|-------|-----------|------------|---|----------|
| | | | | | Check medications to be continued after discharge | COMMENTS |
| | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
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| | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |

Patient Signature

Date

Pre-Op Nurse Signature

Date/Time

New Medication you should take after discharge: NONE

| DISCHARGE MEDICATIONS | DOSE | ROUTE | HOW OFTEN | NEXT DOSE | Rx GIVEN |
|-----------------------|------|-------|-----------|-----------|---|
| | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |

Discharge Medication Reconciliation Addressed

There are no changes to the previous medications

Physician Signature/Date/Time

Discharge and home medications have been reviewed with patient representative

PACU Nurse Signature/Date/Time

Patient Representative Signature/Date/Time