Premier Surgical Center Label
Home Medication Reconciliation

Source of Information: Patient/Family/Medication List/Primary Care Physician List/Surgeon/Other
Latex Allergy: Yes/No **IV Dye Allergy:** Yes/No
Drug Allergies: No/Yes – List Medication and Reaction

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Include over-the-counter medications, inhalers, and herbal supplements

Medications	**Dosage**	**Route**	**Frequency**	**Last Dose** *Pre-Op Nurse* **To Complete**	**Continue This Medication After Surgery** *Physician To* **Complete**
					Yes ☐ No ☐
					Yes ☐ No ☐
					Yes ☐ No ☐
					Yes ☐ No ☐
					Yes ☐ No ☐
					Yes ☐ No ☐
					Yes ☐ No ☐
					Yes ☐ No ☐
					Yes ☐ No ☐
					Yes ☐ No ☐
					Yes ☐ No ☐
					Yes ☐ No ☐
					Yes ☐ No ☐
					Yes ☐ No ☐
					Yes ☐ No ☐
					Yes ☐ No ☐

Preop RN _____ **Intra-Op RN** _____ **Postop RN** _____

Discharge Medications

Medication	**Dosage**	**Route**	**Frequency**

Physician Signature _____