

# Medication Reconciliation Form

(Include all perscriptions, over the counter, herbals, vitamins, inhalers, drops)

Medication Name	Dosage/Frequency	Route Taken	Date Last Dose	Allergies/Reaction
<i>ex. Aspirin enteric coated</i>	<i>325 mg - one a day</i>	<i>By mouth</i>	<i>March 3rd, 2015</i>	<i>Penicillin - Hives &amp; Itching</i>

Patient Signature: \_\_\_\_\_

Date : \_\_\_\_\_

You must bring this form with you the day of surgery