BRANDON AMBULATORY SURGERY CENTER
MEDICATION RECONCILIATION LIST

ADMISSION DATE _____ **HT** _____ **WT**_____ **BMI** _____

Allergies/Adverse drug reactions:

☐ NKAS / No Known Allergies or Sensitivities ☐ Iodine

☐ Latex / Rubber / Tape (circle one) ☐ Food

Medication Allergy/Reaction _____

_____

_____

List provided by: ☐ Patient ☐ Family ☐ Provided List ☐ Other _____

List all medications including herbal and over the counter medications

☐ NO CURRENT MEDICATION				ADMISSION MEDICATIONS		DISCHARGE MEDICATIONS	
Medication/Dose	**Frequency**	**Indication**	**Last Dose**	**Take**	**Hold**	**Resume**	**Hold**

Hx Obtained By: Signature / Date:

New or Changed Discharge Orders

Medication	Dose	Frequency	Indication	Next Dose Due	Rx Given

Physician's Signature Date/Time Nurse's Signature Date/Time