

# SOUTHWEST FLORIDA INSTITUTE OF AMBULATORY SURGERY

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## MEDICATION RECONCILIATION FORM

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\*PLEASE FILL OUT THE FOLLOWING INFORMATION COMPLETELY: NAME, DATE OF BIRTH, PHARMACY NAME & PHONE NUMBER AND ANY DRUG ALLERGIES. PLEASE ALSO LIST ALL OF YOUR MEDICATIONS (INCLUDING OVER THE COUNTER & HERBAL) AS WELL AS THE DOSAGE AND FREQUENCY\*

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Pharmacy Name & Phone Number: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_ Allergy to Latex Y / N

\_\_\_\_\_

| Name of Medication | Dose | Frequency | Last Dose | Nurse Signature/Initials |
|--------------------|------|-----------|-----------|--------------------------|
|                    |      |           |           |                          |
|                    |      |           |           |                          |
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|                    |      |           |           |                          |
|                    |      |           |           |                          |
|                    |      |           |           |                          |
|                    |      |           |           |                          |

| Newly Added Medication | Dose | Frequency | Last Dose | Nurse Signature/Initials |
|------------------------|------|-----------|-----------|--------------------------|
|                        |      |           |           |                          |
|                        |      |           |           |                          |

| Medications to Discontinue | Does | Frequency | Last Dose | Nurse Signature/Initials |
|----------------------------|------|-----------|-----------|--------------------------|
|                            |      |           |           |                          |
|                            |      |           |           |                          |

This list is prepared based on the information you have provided to us. The AEC is not responsible to maintain or refill the above medications. Please call the office of the prescribing doctor for medication questions or refills.