Patient Name:	in a mod list DOS		Date:	Interviewed by:	
Source: \square pt \square Bi					
/: 1 1			_	ded by the Patient	***
_	riptions, over the cou	nter, nutritional su	pplements, nerba	als, inhalers, birth control p	on patches)
ALLERGIES:	Reaction:	A Hongra	Reaction	n. Alloway.	Reaction:
Allergy:	Reaction:	Allergy:	Reaction	n: Allergy:	Reaction:
MEDICATIONS:	DOSE	INDICATION	DOLLTE	EDEOLIENCY	LACTTAKEN
NAME	DOSE	INDICATION	ROUTE	FREQUENCY □ Daily O am O pm	LAST TAKEN
			□ Other:	□ Other	
			□ Oral □ Other:	☐ Daily O am O pm ☐ Other	
			☐ Oral ☐ Other:	☐ Daily O am O pm☐ Other	
			☐ Oral ☐ Other:	☐ Daily O am O pm ☐ Other	
			☐ Oral ☐ Other:	☐ Daily O am O pm ☐ Other	
			☐ Oral ☐ Other:	☐ Daily O am O pm ☐ Other	
			☐ Oral ☐ Other:	☐ Daily O am O pm ☐ Other	
			☐ Oral ☐ Other:	☐ Daily O am O pm☐ Other	
			☐ Oral ☐ Other:	☐ Daily O am O pm☐ Other	
			☐ Oral ☐ Other:	☐ Daily O am O pm ☐ Other	
**NEW Medication to start taking after discharge					NEXT DOSE (upon discharge)
			☐ Oral ☐ Other:	☐ Daily O am O pm☐ Other	
			☐ Oral ☐ Other:	☐ Daily O am O pm☐ Other	
			☐ Oral ☐ Other:	☐ Daily O am O pm☐ Other	
Signature Review of Medications and Allergies across the patient care continuum: Pre-op: Anesthesia: OR:				PACU:	
This information is being provided as an educational tool. Please refer to your Primary Care Provider is you have any questions regarding any of your home medications.					
Discharge Nurse Signature:		Date:	Time: Patient/Guardian/SO Signature:		
Gainesville Surgery Center Medication Reconciliation and Patient Education Form Int: 6-11			Patient sticker		

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