5/16

Grand Valley Surgical Center, LLC
Medication Reconciliation List

(Label)

Patient Name_____

Please include all prescription, over-the-counter, vitamins, and herbal/natural medications taken routinely prior to admission.

Data Source: ☐ Patient ☐ Family ☐ MD ☐ Pharmacy ☐ Old Records

Primary Care Physician: _____

Allergies: _____

Name of Medication	Dosage	Route (How)	Frequency (When)	Preop Instructions		Taken Day of Surgery
				Take	Hold	
☐ None						

Signature of RN(s) Obtaining List: _____/_____

Date: _____

Signature Patient/Caregiver: _____

Medication Updates	Dosage	Frequency	Route	Indication (Why)	Prescribing MD

☐ No medication changes were ordered
☐ Updates to previously prescribed medications have been explained
☐ Over the Counter pain medications noted on discharge instructions (ibuprofen, acetaminophen)
☐ Postoperative prescription(s) have been issued by your physician/surgeon prior to the day of surgery. Take all prescribed medications as instructed on the label and update your medication list as needed.

Signature of Discharge RN: _____/_____

Date: _____

Signature Patient/Caregiver: _____

NOTE TO PATIENT: It is recommended that you keep an updated list of all medications that you are taking and that you provide the most current listing to all health care providers involved in your care.

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