

FLEMING ISLAND SURGERY CENTER  
 MEDICATION RECONCILIATION FORM

Patient Sticker

Allergies \_\_\_\_\_

Reviewed by: PAT Nurse \_\_\_\_\_ Admitting Nurse \_\_\_\_\_

OR Nurse \_\_\_\_\_ PACU Nurse \_\_\_\_\_

Medication	Dosage	Route	Frequency	Last Dose date/time	Continue y/n	Discontinue y/n	Resume date/time	Contact PCP y/n

Patient/Responsible Adult \_\_\_\_\_ Physician \_\_\_\_\_