



Surgical Center of the Rockies

PATIENT ID LABEL

MEDICATION RECONCILIATION

DEAR PATIENT, PLEASE COMPLETE THIS MEDICATION LIST AND BRING WITH YOU TO THE SURGICAL CENTER OF THE ROCKIES ON THE DAY OF YOUR PROCEDURE! IT IS IMPORTANT FOR YOU TO COMPLETELY ENTER ALL SECTIONS OF THIS FORM. THANK YOU!

HOME MEDICATION LIST

Please bring this completed form to the Surgery Center of the day of your procedure. List ALL medications you currently take (prescription, over-the-counter, vitamins, herbal supplements, medication pumps, patches, inhalers, drops, sprays or ointments.)
 Information source: Patient Family Other Name of Source completing form (if other than patient): _____

ALLERGY or DRUG SENSITIVITY / REACTION	ALLERGY or DRUG SENSITIVITY/ REACTION
Latex Allergy <input type="checkbox"/>	No Latex Allergy <input type="checkbox"/>

Home Medication (include Strength)	Directions (dose, route & frequency)	Last Dose (date/time)	Continue Home Meds
1			____ YES ____ NO
2			____ YES ____ NO
3			____ YES ____ NO
4			____ YES ____ NO
5			____ YES ____ NO
6			____ YES ____ NO
7			____ YES ____ NO
8			____ YES ____ NO
9			____ YES ____ NO
10			____ YES ____ NO
11			____ YES ____ NO
12			____ YES ____ NO
13			____ YES ____ NO
14			____ YES ____ NO
15			____ YES ____ NO
16			____ YES ____ NO
17			____ YES ____ NO

ASPIRIN, BLOOD THINNERS, ANTI-INFLAMMATORY USED WITHIN LAST 10 DAYS: YES NO

Name of Medication: _____

Date of last dose taken: _____

List verified on admission by: _____

Date/Time: _____



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Take all medications as directed. **TAKE YOUR PAIN MEDICATION, ASPRIN, OR NSAIDS WITH FOOD** unless otherwise directed. **CONSTIPATION, NAUSEA, and DROWSINESS** are all possible while taking pain medication.

- Patient has received prescriptions and instructions in office.
- Resume regular home medication unless otherwise instructed by your physician.

New Prescriptions from your Surgeon at time of Discharge from Surgery Center

Medication	Directions	Next Dose

For all new prescriptions, consult with your Pharmacist regarding side effects and drug interactions of medications. Please refer to your Primary Care Provider or prescribing physician if you have questions about resuming specific medications.

Patient/Pt. Representative Signature: _____ Date/Time: _____

Nurse Signature: _____ Date/Time: _____

Please DO NOT take Tylenol (acetaminophen) while you are taking PERCOCET or NORCO.

RECOMMEND take a stool softener twice a day starting day of surgery while on pain medication.

MAY take NSAIDS WITH FOOD if tolerated (I.E. Ibuprofen, Advil, Aleve, Naprosyn) Alternate with pain meds. start next dose _____ (DO NOT TAKE IF YOU HAD A FRACTURE, FUSION OR A GRAFT PROCEDURE)