



Patient Label

Medication Reconciliation Form

Dear Titusville Center for Surgical Excellence Patient,

Please take time before your date of surgery/procedure and list **ALL** the medications you are currently taking. Please include all medications that are prescribed medicines, over the counter medications, herbal medicines, dietary supplements, sample medications and vitamins.

****Please bring this list with you on the day of your surgery/procedure****

Patient Name: _____

Allergies: _____

Pharmacy Phone Number: _____

Physician ONLY

Home Medications	Dose	How Often	Date Last Taken	Reason for Use	Continue Meds at Home	
					YES	NO

Physician Signature: _____

Discharge Medications	Directions/Instructions	Reason for Use

Pre-Screening RN / Date

Pre-Operative RN / Date

PACU RN / Date

Copy of this form given to patient upon discharge for patient's primary care physician: _____ RN Initials

TCSE and its providers are not responsible for medications ordered by other providers or organizations.