BEND SURGERY
C • E • N • T • E • R
In for Care • Home for Comfort

1303 NE Cushing Drive, Suite 200
Bend, Oregon 97701
Phone (541) 318-0858
Fax (541) 318-6740

MEDICATION RECONCILIATION

ALLERGIES	Medication, Food, Environmental, Tape, Latex			☐ No Known Allergies	
Medicine / Allergy	Reaction	Medicine / Allergy	Reaction	Medicine / Allergy	Reaction
❑ EGGS ❑ SOY PRODUCTS					

PRESCRIPTION MEDICATIONS				**LAST DOSE** taken before procedure (Fill this column in @ check-in time)
Name of Prescription Meds	Dose (mg, units, puffs, drops)	When do you take it? How many times per day	Purpose Why do you take it?	
		x daily		
		x daily		
		x daily		
		x daily		
		x daily		
		x daily		
		x daily		
		x daily		
		x daily		
		x daily		
		x daily		
		x daily		
		x daily		
		x daily		
		x daily		
		x daily		
		x daily		
		x daily		
		x daily		

OVER - THE - COUNTER MEDICATIONS (Check all that you regularly use)

❑ Allergy relief, antihistamines _____ ❑ Antacids _____
❑ Aspirin _____ mg, Tylenol, Ibuprofen, Aleve ❑ Cold / cough medicines _____ ❑ Diet pills _____
Stopped _____
❑ Laxatives _____ ❑ Vitamins, minerals _____
❑ Iron ❑ Herbal supplements _____
❑ Dietary Supplements (Glucosamine / Chondroitin / MSM) _____
❑ Other _____

Information above verified to be correct:

Print Patient's Name _____ Date of Birth _____

Patient / Caregiver Signature _____ Date _____ Time _____

Pre-Admit RN _____ Date _____ Time _____

Admitting RN _____ Date _____ Time _____

Reviewed and assessment verification regarding standing anesthesia orders / Doctors orders. Information obtained from:

❑ **Patient / family** ❑ **Bottle / list** ❑ **Old records / Updated** ❑ **MD office record** ❑ **Retail pharmacy**

❑ Resume all pre-surgery medications ❑ Resume Coumadin / ASA, tonight / *OR* _____

• New medications and next dose time reviewed on discharge instruction sheet.

Name _____
DOB _____

Date of Procedure

_____ _____ _____
PACU RN Date Time

Centro (541) 382-3534