

PATIENT LABEL

**EDWARDSVILLE AMBULATORY SURGERY CENTER**  
**#12 GINGER CREEK PARKWAY**  
**GLEN CARBON, ILLINOIS 62034**

**MEDICATION RECONCILIATION RECORD**

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| Allergies | Type of Reaction | Allergies | Type of Reaction |
|-----------|------------------|-----------|------------------|
|           |                  |           |                  |
|           |                  |           |                  |
|           |                  |           |                  |

Patient was not on any medication prior to procedure \* next to medication indicates the only meds to take DOS.

| Current Home Medications            |      | Please circle correct route |           |      |  | This column done at discharge | RECURRING VISITS<br>CONTINUE ON DISCHARGE |      |      |
|-------------------------------------|------|-----------------------------|-----------|------|--|-------------------------------|---|------|------|
| Name (Include OTC/Herbals/Vitamins) | Dose | Route                       | Frequency | STOP |  | CONTINUE ON DISCHARGE         | DATE                                      | DATE | DATE |
|                                     |      | po sc top gtts MDI          |           |      |  | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      |  | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      |  | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      |  | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      |  | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      |  | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      |  | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      |  | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      |  | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      |  | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      |  | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      |  | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      |  | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      |  | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      |  | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      |  | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      |  | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      |  | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      |  | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      |  | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      |  | No                            | N   | N    | N    |

| Additional Discharge Medications |      |                    |           |
|----------------------------------|------|--------------------|-----------|
| Name                             | Dose | Route              | Frequency |
|                                  |      | po sc top gtts MDI |           |
|                                  |      | po sc top gtts MDI |           |
|                                  |      | po sc top gtts MDI |           |
|                                  |      | po sc top gtts MDI |           |

**Discharge Statement:** Unless indicated above, continue your home medications as prescribed by your primary care physician. However, I do not follow your care for the treatment of these conditions. Please follow up with your primary care physician to clarify your medication routine.

\_\_\_\_\_  
 RN Signature                      Date              Time                      RN Signature (at Discharge)    Date              Time

\_\_\_\_\_  
 Physician's Signature              Date              Time                       Physician Reviewed Page 2 Allergies and Medications

| RECURRING VISITS: PRE-PROCEDURE |      |                             | AT DISCHARGE          |      |      |                       |
|---------------------------------|------|-----------------------------|-----------------------|------|------|-----------------------|
| Date                            | TIME | _____<br>RN Signature (Pre) | _____<br>MD Signature | DATE | TIME | _____<br>RN Signature |
| Date                            | TIME | _____<br>RN Signature (Pre) | _____<br>MD Signature | DATE | TIME | _____<br>RN Signature |
| Date                            | TIME | _____<br>RN Signature (Pre) | _____<br>MD Signature | DATE | TIME | _____<br>RN Signature |

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| Current Home Medications            |      | Please circle correct route |           |      | This column done at discharge | <b>RECURRING VISITS<br/>CONTINUE ON DISCHARGE</b> |      |      |
|-------------------------------------|------|-----------------------------|-----------|------|-------------------------------|---|------|------|
| Name (Include OTC/Herbals/Vitamins) | Dose | Route                       | Frequency | STOP | CONTINUE ON DISCHARGE         | DATE  | DATE | DATE |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |
|                                     |      | po sc top gtts MDI          |           |      | No                            | N   | N    | N    |