

Medical and Dental Center of Nevada

MEDICATION RECONCILIATION SHEET

Patient Stated Home Medications (including herbal and over the counter drugs):

Medication	Dosage	Frequency	Date/Time Last taken	Taken by mouth or injection	Reason
Please list additional medications on separate sheet					

Allergies	Reactions

DatePre-Op RN Signature

Administered Medications that can Interact with Current Medications or Put Patient at Risk for Fall or Other Adverse Event / Added Prescription Medications

I have received a copy of my reconciled medication at discharge from the Medical and Dental Center of Nevada. I understand that I am responsible for the accuracy and confidentiality of this list.

Patient Signature

- Medication reconciled with patient and ride upon discharge.
- Patient instructed to verify with MD when to resume regular medications.

DateDischarge RN Signature