FRANKLIN SURGICAL CENTER
an affiliate of SCA
175 Morristown Rd, Suite 102
Basking Ridge, NJ 07920

ID-Visit:
DOB:
Phys:
DOS:

Gender:
Age:

Medication Reconciliation Form

Current medications, including prescriptions, over the counter, vitamins, supplements, and aspirins.

☐ **I do not take any medication, over the counter, blood thinners including aspirin.**

Medication/Dosage	Taken For	Route	Frequency	Last Dose

Allergies to Food or Medication: ☐Yes, list below ☐ No Known Allergies

Allergy To	Reaction	Severity		
		☐Mild	☐Moderate	☐Severe
		☐Mild	☐Moderate	☐Severe
		☐Mild	☐Moderate	☐Severe
		☐Mild	☐Moderate	☐Severe
		☐Mild	☐Moderate	☐Severe
		☐Mild	☐Moderate	☐Severe

Discharge Medication Plan (Please check one):

☐**Resume all medications**

☐**HOLD NSAIDS** for _____ days.
(Aspirins, Aleve, Ibuprofen, Naproxen, Blood Thinners, etc.)

☐**HOLD** Tylenol for _____ Hrs. _____ Days

☐Next dose of pain medication due_____

New Medications:

Medication/Dosage	Route	Frequency	Education Provided
			☐Yes
			☐Yes

I understand these instructions which have been explained to me.

Patient Signature_____ Date _____

Pre-Op RN Signature_____ Date_____

MD Signature_____ **Date**_____

Post-Op RN Signature_____ Date_____