

**DOCTORS' SAME DAY SURGERY CENTER**  
**PAUL HUBBELL, M.D.**  
**MEDICATION RECONCILIATION**  
**DOCTORS' ORDERS**

Patient Label

PATIENT'S NAME: \_\_\_\_\_

DATA SOURCE:     PATIENT         OTHER: \_\_\_\_\_

PATIENT'S PHARMACY: \_\_\_\_\_ PHARMACY PHONE #: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

LIST PATIENT'S CURRENT MEDICATIONS (INCLUDING ALL OVER-THE-COUNTER, VITAMINS AND **HERBAL** MEDICATIONS TAKEN ROUTINELY PRIOR TO ADMISSION)

MEDICATION	DOSAGE	FREQUENCY	LAST TAKEN

SEE ADDITIONAL MEDICATIONS LISTED ON PAGE 2

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

WITNESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

SIGNATURE OF RN OBTAINING ORIGINAL LIST OF MEDICATIONS: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

SIGNATURE OF DISCHARGE R.N.: \_\_\_\_\_ DATE: \_\_\_\_\_