DOCTORS' SAME DAY SURGERY CENTER

4633 Wichers Drive, Suite 200 Marrero, LA 70072 504-328-0000 / Fax 504-328-9101

Patient Label

MEDICATION RECONCILIATION, DOCTOR'S ORDERS

Patient's Name:

| Data Source: ☐ Patient ☐ Other: | | | |
|---------------------------------------|----------------------|-----------|------------------------|
| | | | |
| | | | |
| herbal medication | ns taken routinely p | _ | counter, vitamins, and |
| Medications | Dosage | Frequency | Last Taken |
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| Medications | Dosage | Frequency | Last Taken | | |
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| Patient's Signature: | | | | | |
| Date: Time: | | | | | |
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| | | | | | |
| Signature of RN obtaining original list of medications: | | | | | |
| Date: Time: | | | | | |
| | | | | | |
| Post-Op Medication Orders: (Physician is to complete this section) | | | | | |
| ☐ No Change. Take all medications as listed on admission ☐ Change: | | | | | |
| ☐ Discontinue: | | | | | |
| Physician Signature: | | | | | |
| Date: | | Time | e: | | |