



Houma Outpatient Surgery Center, AAAHC ACCREDITED

3717 Houma Blvd, 3rd Floor
Metairie, La. 70006

P: 504 456 1515
F: 504 454 3810

Houma Outpatient Surgery.com

Medication Reconciliation Form

Patient Label

Allergies: _____

Source of Medication List: (check all)

This is an addendum to a previous list

- Patient Medication List
- Patient/Family Recall
- Physician
- Primary Care Physician
- Previous Paperwork
- Other

Medication History Recorded/Verified with Patient By: _____

MEDICATION NAME	DOSE (MG, MCG)	ROUTE (PO, GT, SC)	FREQUENCY	LAST DOSE/TIME	CONTINUE UPON DISCHARGE (C=Continue, DC=Discontinue)
1.					C DC
2.					C DC
3.					C DC
4.					C DC
5.					C DC
6.					C DC
7.					C DC
8.					C DC
9.					C DC
10.					C DC
11.					C DC

MEDICATIONS GIVEN TO PATIENT UPON DISCHARGE				
MED NAME	DOSE	ROUTE	FREQUENCY	REASON FOR MED
1.				
2.				
3.				

OTHER

Information Provided to : _____

Signature MD: _____ Date: _____

Reviewed on Discharge: _____ By: _____ Date: _____