DCPB
DIGESTIVE CENTER
of the Palm Beaches

MEDICATION RECONCILIATION PHYSICIANS ORDERS

❑ Allergies documented and reviewed
❑ Patient takes no Medication

PATIENT TO FILL IN SHADED AREA ONLY

List Current Medications (including Herbal, vitamins and over the counter)	Dose	Route	Frequency	Date/Time Last Dose Taken. (? if unknown)	Reason for taking the Medication	Medication to be continued upon discharge?
						❑ Y ❑ N
						❑ Y ❑ N
						❑ Y ❑ N
						❑ Y ❑ N
						❑ Y ❑ N
						❑ Y ❑ N
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						❑ Y ❑ N
						❑ Y ❑ N
						❑ Y ❑ N
						❑ Y ❑ N

Reviewed with Patient post-op
Copy Given to Patient
RN Signature _____
Date: _____

Nurse completing assessment: _____ Date: _____ Time: _____

Physician Signature: _____ Date: _____ Time: _____