

2851 Baglyos Circle, Suite 100, Bethlehem, PA 18020 Tel: 484.821.0550 • Fax: 484.821.0559

MEDICATION RECONCILIATION LIST

Please complete the following information and bring with you to the Center for Specialized Surgery on the day of surgery. Include over the counter medications, herbals, diets, supplements, etc.					
Patient's Name					Time
Please include all prescription	on, over the cou	nter, vitamins and l	nerbal/natural medi	cations taken	routinely.
Data Source: 🗅 Patient	☐ Family	Old Records	Other Healt	th Care Faciliti	es
Patient's Pharmacy		Ph	one Number		
Allergies (include reactions)					
Patient takes no medication	s 🗀				
Home Medication List	: Do	se Freq	uency Use	ed For	Date of Last Dose?

Reviewing Pre-Op Nurse _____

Date _