

MEDICATION RECONCILIATION

NO HOME MEDICATIONS AT ADMISSION

PAGE _____ OF _____

HOME MEDICATION RECONCILIATION/ORDERS

LIST OBTAINED FROM: Patient Family Written List Prescription Bottle Pharmacy Nurse: _____ Date: _____

Patient/Family sure unsure about medications

HOME MEDS				DISCHARGE	
DRUG	DOSAGE/ ROUTE	FREQUENCY	LAST DOSE	STOP	CONTINUE

DISCHARGE CHANGES OR ADDITIONS NO CHANGES

DRUG	DOSAGE / ROUTE	FREQUENCY

PLEASE KEEP THIS MEDICATION LIST AND TAKE THIS LIST TO EACH OF YOUR DOCTOR/HOSPITAL VISITS

Daily – once a day	HS – at bedtime	
TID – three times a day	BID – twice a day	SL – under the tongue
AC – before meals	QID – four times a day	

Discharge Date: _____

Physician Signature: _____

[COPY TO PATIENT AT DISCHARGE]



3201 University Drive, Suite 420
 Bryan, TX 77802
 Ph:
 Fax:

PATIENT IDENTIFICATION: