



PHYSICIAN ORDERS
Medication Reconciliation Form

PATIENT LABEL

MEDS CURRENTLY TAKING LIST <u>ALL</u> PRESCRIPTION AND OTC PRODUCTS	DOSAGE	FREQUENCY	REASON FOR TAKING MEDICATION	CONTINUE UPON DISCHARGE (when you go home) please √	CHECK WITH PRIMARY PHYSICAN (before taking) please √

DISCHARGE MEDICATIONS:					

**Unless otherwise indicated, please resume medications which have been
prescribed to you when you return home.**

PLEASE TAKE THIS LIST TO YOUR NEXT DOCTOR'S APPOINTMENT