

## MEDICATION RECONCILIATION

PAGE \_\_\_\_\_ OF \_\_\_\_\_

"Authorization is hereby given to dispense the Generic equivalent or Medical Staff-approved therapeutic equivalent unless otherwise indicated by the words:  
DO NOT SUBSTITUTE – MEDICAL NECESSITY."

STAT "PLACE X IN BOX IF STAT"

NO HOME MEDICATIONS AT ADMISSION

ALLERGIES:  NKA  YES

DRUG: \_\_\_\_\_ OTHER: \_\_\_\_\_

### 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	PATIENT'S HOME TIMES	LAST DOSE	STOP	CONTINUE

### DISCHARGE CHANGES OR ADDITIONS

DRUG	DOSAGE/ROUTE	FREQUENCY	PATIENT'S HOME SCHEDULE	PRESCRIBED FOR

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

Daily – once a day PO – take by mouth      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: \_\_\_\_\_ Time: \_\_\_\_\_

Physician Signature \_\_\_\_\_

Fax to office: \_\_\_\_\_

**COPY TO PATIENT AT DISCHARGE** (WHITE = Chart    YELLOW = Patient or Guardian)

## Advanced Cardiovascular Center

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PATIENT IDENTIFICATION