MidWest Eye Center

Medication Reconciliation Form	Patient	Name:			
"Do not use abbreviations": U (Unit), IU (Intel (X.O) (write X mg), Lack of leading zero (.X mg)					
Allergies/ Reaction:			No Know	n Allergies	
	7 1/50				
Betadine/Shellfish/Iodine No	YES		(Reaction)		
Tape No	YES		(Reaction)		
Latex Sensitivity/ Allergy No YES			(Reaction)		
Pre-operative Medication: Patient to fill out			Discharge Medications: Discharge Nurse to fill out		
Routine Medications (include over the counter and herbals meds)	Dose	Frequency	Resume Yes	Resume No	Date to Resume Medication
		1			
Medication Held for Surgery:			Resume yes	Resume No	Date to Resume Meds
Now Droppintion Added: Discharge					
New Prescription Added: Discharge nu	rse to fill ot	ut T	ר		
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Patient/Patient Representative Signatur	Date				
Discharge Nurse Signature	Date				

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