

HINSDALE SURGICAL CENTER  
Medication Summary / Reconciliation List

Allergies/Reactions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Latex / Rubber Yes No Eggs / Soybean Yes No

*\*Patient instructed to take on DOS.*

**Home Medication(s)**

Date	Medication	Dose/Frequency	Date	Medication	Dose/Frequency

ASA / Coumadin / Plavix / NSAIDS \_\_\_\_\_ Herbals \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_

Information from:  Patient  Family  Med vials  H & P  Other \_\_\_\_\_

**Discharge Medication(s)**

Medication	Dose/Frequency

*REMINDER: \* Please discard old lists and update any records with all medication providers and/or retail pharmacies \**

Patient Signature: \_\_\_\_\_ R.N. Signature \_\_\_\_\_