

# Pre-Operative Medication Reconciliation List

Patient Name

Patient ID

Date of Birth

Surgery/Procedure

Date of Surgery

Allergies

Current Medications

Medication Name	Dosage	Route	Frequency	Last Dose Taken
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
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Discontinued Medications

Additional Notes

Physician/Provider Name

Date