

- SurgiCenter
- RCC

## MEDICATION LIST

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Surgeon: \_\_\_\_\_

- PLEASE CHECK HERE IF YOU DO NOT TAKE ANY MEDICATIONS
- Which pharmacy do you have your prescriptions filled at: \_\_\_\_\_
- Please list all your medications including PRESCRIPTIONS, VITAMINS, HERBALS, OVER THE COUNTER MEDICINES, and DIETARY SUPPLEMENTS.
- Please include the amount (in milligrams if applicable) and how frequently you take it.
- Please list all allergies, including those to medications, food, latex or rubber.
- PLEASE DO NOT FILL OUT THE "RESUME"/"DO NOT RESUME" COLUMNS BELOW. THEY ARE TO BE FILLED OUT BY YOUR SURGEON THE DAY OF THE SURGERY.
- If additional space is needed please use the back. Please send this list in before your surgery along with your pre-anesthesia questionnaire (pink sheet).
- If the surgeon orders any medications for you at the time of your surgery we will add it to the list.
- Please keep this list with you and show it to your doctor or caregiver at your next appointment. This list is another way we are trying to ensure your safety.
- \* Please update the information on this sheet when medications are deleted, doses are changed, or new medications (including over the counter products) are added.
- \* Please carry medication information at all times in the case of emergency situations.

**RCC ONLY:  
DISCHARGE MEDS**

Medication Name	Dose / Milligrams (how much)	Route (how taken)	Frequency (how often)	Resume	Do Not Resume	Resume	Do Not Resume
<i>(EXAMPLE) Aspirin</i>	<i>81 mg</i>	<i>Orally</i>	<i>Once / Daily</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Based on your visit at TCOM, you may safely continue the medications checked "resume". If you have any questions, please contact your prescribing physician.

### Medications Prescribed Upon Discharge


Surgeon signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurses Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- List provided and explained to patient and/or responsible adult  Faxed to next provider of care \_\_\_\_\_
- Copy given to patient

**Bromenn Comfort and Care Discharge:**

Surgeon Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Nurses Signature: \_\_\_\_\_

Date: \_\_\_\_\_