

OAK TREE SURGERY CENTER

1931 Oak Tree Rd. Edison, NJ 08820
Tel: (732) 603-8603 Fax: (732) 603-8634

[AFFIX PATIENT LABEL]

ALLERGY / MEDICATION RECONCILIATION FORM

ALLERGIES / SENSITIVITIES

I **do not** have any allergies / sensitivities to medications, food, latex or contrast dye.
Please list any allergies / sensitivities, including your reactions, to medications, food, latex or contrast dye

ALLERGY / SENSITIVITY	REACTION

MEDICATIONS

MEDICATIONS PRIOR TO ADMISSION:

I **do not** take any medications (prescription & over-the-counter), vitamins, and herbal / dietary supplements.
Please list all medications (prescription & over-the-counter), vitamins, and herbal / dietary supplements.

MEDICATION	DOSE	HOW OFTEN	ROUTE	REASON FOR TAKING	DATE LAST TAKEN [NURSE TO WRITE]

ATTESTATION: The above is a complete and accurate medication list to the best of my knowledge. It includes over-the-counter and herbal / dietary supplements, as well as regularly and occasionally used prescription drugs. My physician is resuming the start of my medication based on the information provided by myself, including the name of the medications, dosages and frequency.

Patient Signature

Date

-----STAFF USE ONLY-----

You may safely resume taking all of the above medications, including over-the-counter medications and dietary supplements prescribed by your physician(s). *****EXCEPTIONS TO THIS, SEE BELOW LIST*****

MEDICATION	DOSE	HOW OFTEN	RESUME MEDICATION (DATE & TIME)

NEW MEDICATION(S) PRESCRIBED FOLLOWING YOUR PROCEDURE:

MEDICATION	DOSE	HOW OFTEN

Copy of allergy / medication reconciliation form given to patient.

Registered Nurse Signature

Date

Physician Signature

Date