

ADMISSION MEDICATION RECONCILIATION ORDER

Information Source: Patient Family Medication Bottles Other/Comments: _____

Unable to obtain medication history: Reason _____

Disposition of Patient's Medications: Sent home with: _____ Not brought to Hospital

Patient instructed to leave medications at home

Currently Taking No Medications

Hosp Admission Orders

Prescription Medications Taken at Home

Drug Name	Dose	Route	Frequency / Indication if prn	Last Dose (Date/Time)	Continue	Hold - Do Not Continue	Modify (Order below)
					C	H	M
					C	H	M
					C	H	M
					C	H	M
					C	H	M
					C	H	M
					C	H	M
					C	H	M
					C	H	M
					C	H	M
					C	H	M
					C	H	M
					C	H	M
					C	H	M
					C	H	M

OTC, Herbals, Supplements, Etc.

					C	H	M
					C	H	M
					C	H	M
					C	H	M

New or Modified Medication Orders

Nurse completing: _____ Date/Time _____

Verbal Order/Telephone Order per Dr.: _____ RN Signature _____ Date/Time _____

Physician Signature: _____ Date/Time _____

**MEDICATION
RECONCILIATION**



PT.

MR.#/P.M.

DR.