ALLERO	GIES:			oo e i enger krandê		
	Dose/Re	e Medications oute/Frequency orbal/OTC/Vitamin	ns)	Indication	on	Initials
DATE	Patient 1	takes no medic	cations 🗆			
					3191111180 (889	
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				agur vers et a service de la company		
		- 10-10-10-10-10-10-10-10-10-10-10-10-10-1		130 / La Salla Maria (120 ) 18		
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						2.74
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						10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Informat Patient	ion obtained from:  Family   [] Bottles/List	□ Old Records	□ Retail Pharmacy	MD Office Records	□ Unable to	Ohtain
	dications listed above shou					
	ne prescribing physician.			you have received. If y	ou have any c	destions,
OR	re preserioning priyotetani.		<del>,                                    </del>			
	o following above to the	1				
iviake in	ne following changes to the	medications you	are taking:			· · · · · · · · · · · · · · · · · · ·
PHYSIC	IAN SIGNATURE:			DATE:	TIME:	
		1975 74 78 7				

OUTPATIENT/ED MEDICATION RECONCILIATION FORM

Date		Patient reports no medication changes since previous visit  OR	Clinician Signature:	
		<ol> <li>Additions/Deletions have been made since previous visit (see update on front of sheet).</li> <li>Contact physician to review changes and obtain</li> </ol>		
		orders, as indicated.	Clinician Signature:	
Date		Patient reports no medication changes since previous visit  OR	Clinician Signature:	
		<ol> <li>Additions/Deletions have been made since previous visit (see update on front of sheet).</li> <li>Contact physician to review changes and obtain orders, as indicated.</li> </ol>	Clinician Signature:	
Date		5. Patient reports no medication changes since previous visit	Clinician Signature:	
		<ol> <li>Additions/Deletions have been made since previous visit (see update on front of sheet).</li> </ol>		
		Contact physician to review changes and obtain orders, as indicated.	Clinician Signature:	
Date		<ol> <li>Patient reports no medication changes since previous visit</li> </ol> OR	Clinician Signature:	-
		<ol> <li>Additions/Deletions have been made since previous visit (see update on front of sheet).</li> </ol>		
		Contact physician to review changes and obtain orders, as indicated.	Clinician Signature:	
Date		Patient reports no medication changes since previous visit  OR	Clinician Signature:	
		<ol> <li>Additions/Deletions have been made since previous visit (see update on front of sheet).</li> </ol>		
		Contact physician to review changes and obtain orders, as indicated.	Clinician Signature:	
Date		11. Patient reports no medication changes since previous visit  OR	Clinician Signature:	
		<ol> <li>Additions/Deletions have been made since previous visit (see update on front of sheet).</li> <li>Contact physician to review changes and obtain orders, as indicated.</li> </ol>	Clinician Signature:	
		SIGN-OFF FOR UPDATE(S) PERFORMED ON		
Date	Initials	Signature Date In	itials Signature	
				$\dashv$
				-

Patient Label

## OUTPATIENT/ED MEDICATION RECONCILIATION FORM

ALLERGIES:	.1		
and the second second	Home Medications		. **
	Dose/Route/Frequency		Indication
	(Include Herbal/OTC/Vitamins)  Patient takes no medications		
	1 attent takes no medications	· L	
			,
			L.
Information obtaine	ed from:		
Patient/Family	☐ Bottles/List ☐ Old Records ☐ Reta	iil Pharmacy 🛮 MD Office Recor	ds \[ \Bar{\pi} Unable to Obtain
	sted above should not be changed based o		
notify the prescribi			Tr you have any questions
	ing physician.		
OR			
Make the following	g changes to the medications you are taking	ng:	
DUMOIOLANION	ATLIDE		
PHYSICIAN SIGN	ATUKE:	DATE:	TIME:

Patient Label

## PATIENT MEDICATION LIST