



**Stony Brook
Southampton Hospital**

SURGERY PATIENTS

PLEASE COMPLETE THIS
“MEDICATION RECONCILIATION”

HIGH PRIORITY FORM

On the day of your procedure, the nurse in the ambulatory setting will be asking you:

“The DATE and TIME **EACH** medication was LAST TAKEN?”

Please complete this form in the hours prior to your admission time.

MEDICATION:	DATE last taken:	at what TIME:
1.		@
2.		@
3.		@
4.		@
5.		@
6.		@
7.		@
8.		@
9.		@
10.		@
11.		@
12.		@
13.		@
14.		@
15.		@
16.		@
17.		@
18.		@