Naugatuck Valley Surgical Center

MEDICATION RECONCILIATION

Name: _____

Physician: _____ **Date of Procedure:** _____

Medication Allergies and Reactions: _____

Please list your prescription medications including dose and frequency. Also include any pills, including vitamin supplements, herbal preparations, cold medications, and diet pills you are currently taking. If you currently are taking any Aspirin, or Aspirin products, blood thinners, or Ibuprofen containing products (see enclosed list), please list and contact your physician to see if you should discontinue these products prior to your procedure:

Medication	Dosage	Frequency	*Area to be completed by NVSC	
			Last Taken	Stop

***DO NOT WRITE BELOW THIS LINE - Area below to be completed by NVSC**

Medications verified with patient by _____ **R.N.**

Consult your prescribing practitioner regarding the continuation of your medications

Anesthetic medications received intra-procedure:

☐ Propofol	☐ Oxygen	☐ Sevofluorane	☐ Reglan	☐ Toradol	☐ Betamethasone	☐ Depomedrol
☐ Versed	☐ Nitrous Oxide	☐ Zemuron	☐ Decadron	☐ Tylenol	☐ Marcaine	☐ Kenalog
☐ Fentanyl	☐ Forane	☐ Zofran	☐ Morphine	☐ Ancef	☐ Omnipaque	☐ Lidocaine

Other: _____

Medications received Pre or Post procedure: (other than eye drops)

Medication	Dosage	Time Given	Administered for:

Discharge prescription provided to patient for pharmacy filling: (as provided by M.D.)

_____

_____

_____

Medication Reviewed and Reconciled by: M.D	R.N.

160 Robbins Street • Waterbury, CT 06708 • 203-755-6663 • Fax: 203-756-9645