



Cayuga Medical Center

THE CENTER IS YOU

SAUNDERS, KEVIN E
Lemberg MD, Brent D.
END DOB 05/01/56 54



Outpatient Medication Reconciliation Physician Order Form

Check if patient is not on any home medications, no further signatures required.

Height: 5'7" Weight: 170 lb

Date of Visit: 4/11/11
Information Source: Patient / Family* Pharmacy PCP
 Other:

Allergies: No Known Allergies

Vaccine / Year: Influenza 2010 Pneumococcal: 0

CYP 2D6 deficiency

Td: unsure Other:

Recorded By: M. Butler RNY PA

Date: 4/11/11 Time: 1008

* Patients must be consulted for current medications. If unable, consult family, primary care provider (PCP), or Pharmacy.

CURRENT MEDICATIONS						CONTINUE			
PRESCRIPTION / HERBAL / OTC MEDICATION NAME	DOSE	ROUTE	FREQUENCY	LAST TAKEN	ON ADMISSION		ON DISCHARGE		
					YES	NO	YES	NO	
1. <u>Saralactone</u>	<u>50mg</u>	<u>oral</u>	<u>2x/day</u>	<u>4/10/11</u>				<input checked="" type="checkbox"/>	
2. <u>Centrum Silver</u>	<u>1 tablet</u>	<u>oral</u>	<u>DAILY</u>	<u>2x/week</u>				<input checked="" type="checkbox"/>	
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									

Please use additional forms as needed.

For Ambulatory Patients Only: I have reviewed the home medication list in relation to today's visit and any medications administered or prescribed for home use. Please continue the patient's medication regimen as prescribed by the patient's other providers and any new or changed medications as prescribed by me.

Physician Signature: [Signature] MD/DO Date: 4/11/11 Time: oral

NEW MEDICATIONS				
MEDICATION NAME	DOSE	ROUTE	FREQUENCY	FOR HOW LONG?
1.				
2.				
3.				
4.				
5.				

Additional Information

White - Chart Canary - Patient