

BLAYK, BONZE ANNE ROSE  
A00082793308 M000597460  
F 05/01/1956 60  
H Ehmke, Clifford BSU 202-01  
Allergies \_\_\_\_\_ Weight \_\_\_\_\_

**Medication Reconciliation Physician Order Form**

**Directions:** Fill out the name, dose, route, frequency, indication, and date/time of last dose. Attached med lists are not allowed. Check whether to continue or hold medications at admission and discharge. Any modifications must be written on a separate order form. File in front of MD orders section of patient chart.

	Name of Medication	Dose / Strength	Route	Frequency	Indication	DATE / TIME OF LAST DOSE	MD check at admission Inpatients only			MD check at discharge Inpatients only		
							Continue Same	Hold	Order modified: See Separate Order	Resume meds by prescribing MD	Discontinue upon discharge	Order modified: See separate order
1	Spironolactone 50mg	PO	daily			12/24/16	✓				✓	
2												
3												
4												
5												
6												
7												
8												
9												
10												

Information Collected From:  Patient Medication List  Patient/Family Recall  Primary MD List  
 MAR From Other Facility  Previous Discharge Paperwork  Pharmacy \_\_\_\_\_  
 Other: \_\_\_\_\_

TO: Dr Rahman / 2/2/20 0300 12/25/16

MD or RN Medication history taken by: SP/RA Date: 12/25/16 Time: 0200  
 Check if patient not on any home meds, no further provider signatures are necessary.

Provider acknowledgement of reconciliation and order of meds upon admission: [Signature] Date: 12/25/16 Time: 5PM  
 Provider acknowledgement of reconciliation upon discharge: [Signature] Date: 2/22/17 Time: 14:00

For outpatient/ambulatory only: The procedure performed today warrants no changes in the patient's pre-procedure medications listed above.

X \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ [Signature] Read Back  
 Initials

White - Chart Canary - Pharmacy