Landmark Hospital of Southwest Florida
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PATIENT LABEL

Outpatient Medication Reconciliation Form

Patient: *Please list all medications taken on a regular basis – include all over-the-counter, vitamins, dietary and herbal supplements.*

Medication Name	Dose	Route	Frequency	Last Taken	RN to complete prior to discharge	
					CONTINUE	REFER TO DR.
					☐	☐
					☐	☐
					☐	☐
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					☐	☐
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					☐	☐

New Prescription Given	Dose	Route	Frequency	Next Dose Due	Reason for Medication

I have reviewed this list with nursing prior to my discharge and understand the instructions and will be provided a copy prior to leaving the hospital. Please note, all routine medications **"REFER TO DR"** should be clarified with your prescribing physician before continuing.

Patient/Responsible Party Signature: ______________________________ Date ____________________

RN Signature: ______________________________ Date ____________________ Time ____________