Valley Regional Surgery Center

Patient Medication List

(Includes Prescription/OTC Meds/Vitamins/Herbals and Others)

Medication	Dose	Frequency	Resume YES/NO	

☐ **NEW MEDICATIONS ORDERED (PLS. REFER TO DISCHARGE INSTRUCTION SHEET**

☐ **See MAR from Nursing Home**

☐ **Complete List of current medications verified by:**

_____ _____

Date

☐ **Complete list of current medications reviewed by:**

_____ _____

Physician **Date**

_____ _____

Pre-Op Nurse **Date**

_____ _____

OR Nurse **Date**

_____ _____

PACU Nurse **Date**

_____ _____

Responsible Adult **Date**