

**PLEASE BRING THE FOLLOWING ITEMS ON THE DAY OF SURGERY:**

- 1. **Yellow Form** completed with your daily medications, including non prescription medications, vitamins, and herbal supplements.
- 2. **Photo ID**
- 3. **Insurance Cards**

**Medication Reconciliation Form**

I Do Not Take Any Medication <input type="checkbox"/>	Date		Dosage	Frequency	Reason for Taking this Medication
Medication Name					

No Allergies or Sensitivities

Allergy/Sensitivity	Reaction		Allergy/Sensitivity	Reaction

PRESCRIPTIONS  NONE GIVEN  IF GIVEN COPY IN CHART

<b>Patient Signature</b> <b>X</b>	1 <sup>st</sup> visit	RN Signature:
	2 <sup>nd</sup> visit	RN Signature: