**JUPITER MEDICAL CENTER**
*Jupiter, Florida*

# MEDICATION RECONCILIATION REPORT
# OB & OUTPATIENT AREAS

Patient Name: Date:

DOB:

Medication Allergies:

Source of information: [ ] Patient [ ] Family member [ ] Other

[ ] TAKING NO MEDICATIONS [ ] PREGNANT [ ] BREASTFEEDING

**LIST ALL MEDICATIONS YOU ARE TAKING, INCLUDING OVER-THE-COUNTER AND HERBAL MEDICATIONS**

| MEDICATION | DOSE | ROUTE | HOW OFTEN | COMMENTS |
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NEW MEDICATION/CHANGES TO MEDICATIONS FOLLOWING THIS VISIT:

Signature of JMChealthcare staff member at time of discharge/Date/Time