ATE:					
Allorgios	with reactions:				
_					
	y:	DOCET	EDEOLIENOV*	LACT DOCE	
WEDICA	ΓΙΟΝ NAME (Prescriptions)	DOSE*	FREQUENCY*	LAST DOSE	
	☐ See attached medication list (n	⊥ nust include dos	ages/frequency and I	ast dose)	
OTC Medica	tions, Herbals, etc.				
	*If patient does not have	all information, d	ocument 'no info'		
ledication	List Completed by:				
	Nurse(s)				
edication	n Discharge Instructions:				
	_	ould be no change	s to your home medica	tions	
_	Based on your procedure today, there should be no changes to your home medications. O If you have any questions, please contact your primary care physician				
	Please note the following changes in your home medications:				
	AL DESCRIPTION OF THE PROPERTY				
	New medication instructions:				
				Physician Signature	
ledication	n instructions and reconciled list receive	ed by:			
	Patient o	or Responsible Ad	ult		