MEDICATION RECONCILIATION

ALLERGIES:

MEDICATIONS	INDICATION	DOSE	ROUTE	DIRECTIONS	CONT	DC	NEW RX

MD Signature: _____

Date: _____

Patient Signature: _____

I have received a copy of and understand my list of medications

PO = by mouth	QPM = every evening	PRN = as needed	TOP = topical
SQ = sibcitaneous	BID = twice a day	CONT = continue	AC = before meals
QHS = at night	TID = three times a day	DC = stop or discontinue	
QAM = every morning	INH = inhale	RX = new prescription	

SOUTH TEXAS
Cardiovascular
& Rhythm Center

IH 10 Heart Plaza
6800 IH-10 W, Ste 120
San Antonio, TX 78201

Tel 210.732.0200
Fax 210.732.0600

STC-057 (08/10)

PATIENT IDENTIFICATION: