

**UNIVERSITY OF MISSISSIPPI
SCHOOL OF PHARMACY**

(Attach Patient Label Here)

Outpatient Medication Reconciliation

Allergies (to medications and describe the reaction):

Primary Care physician & phone # Unknown

Usual pharmacy & phone # Unknown

Information received from: Patient Caregiver Other
 Medication list is: Complete Incomplete Unavailable For Clinic Use only

Patient Currently Not Taking any Medications

List the prescription and non-prescription medications, herbals, and vitamins the patients states he or she currently uses or takes

Product / Strength	Dose	Route	Frequency	Indication/Comments	Stop	Cont	Prescribed amount	Refills

No changes or additions to current therapy

New & changed Medication & Strength	Dose	Route	Frequency	Indication/Comments	Length of Therapy

DO NOT USE: IU, U, QD, QOD, MS, MSO₄, MgSO₄, trailing Zeros, Lack of Leading Zeros

Medication Reconciliation form reviewed prior to discharge. Copy provided to patient or caregiver

AMBULATORY

Medication Reconciliation