SURGERY MEDICATION RECONCILIATION LIST

Rodney Wong, M.D., Inc

Patient Name; _____ **DOB;** _____ **Date**; _____

Allergies; _____

Surgeon; Rodney Z. Wong, M.D.

Prescribed Medicatons			
Rx Name;	*Dosage;*	*Times Per Day;*	*Notes;*

Over The Counter Medications			
Rx Name;	*Dosage;*	*Times Per Day;*	*Notes;*

Supplements, Vitamins, Herbs, Other			
Rx Name;	*Dosage;*	*Times Per Day;*	*Notes;*