

**BLUE HEN SURGERY CENTER
OUTPATIENT DISCHARGE MEDICATION INSTRUCTIONS**

Allergies: No Known Drug Allergies

Latex Allergy: Yes No

Allergy (drug)	Reaction	Allergy (drug)	Reaction

Current Prescription Medications

Name Of Medication (print)	Dose	How often	Last Dose taken	Continue After Discharge	Stop taking After Discharge	Resume Medication on This Date
				Y N	Y N	
				Y N	Y N	
				Y N	Y N	
				Y N	Y N	
				Y N	Y N	
				Y N	Y N	
				Y N	Y N	
				Y N	Y N	
				Y N	Y N	

HERBAL, VITAMINS, SUPPLEMENTS, NON-PRESCRIPTION DRUGS

Name of Medication (print)	Dose	How Often	Last Dose Taken	Continue After Discharge	Stop Taking After Discharge	Resume Medication On This Date
				Y N	Y N	
				Y N	Y N	
				Y N	Y N	

Signature of Person Filling out Form Date

New Medication or New Dosages you should take after Discharge

Medications	Dose	How Often	Reason For Medication

Signature of Patient/Responsible Person: _____ Date: _____

Anesthesia Provider Reviewed Above Medication List: _____ Date: _____

Nurse Signature: _____ Physician Signature: _____ Date: _____