PATIENT'S OWN MEDICATION

The patient has been taking the following home medications.
Please indicate (√) which medications are to be resumed or held during their hospital stay.

NURSE TO COMPLETE THIS SECTION							MD ONLY	
							Post-Op	
Medication	Strength	Dose	Route	Frequency	Indication	Prescribing Phys.	Resume	Hold

Transcribing RN Signature: _____ Date: _____ Time: _____

MD Signature: _____ Date: _____ Time: _____

Thousand Oaks Surgical Hospital
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Patient Label: