

CONTRA COSTA HEALTH SERVICES
 CONTRA COSTA REGIONAL MEDICAL CENTER

ADMISSION & DISCHARGE MEDICATION
 RECONCILIATION FORM— PRENATAL SERVICES

Allergies/Reactions _____

No home meds

HOME MEDICINE List drug, dose, and when taken as reported by patient.	ADMISSION ORDERS C Continue DC Discontinue M Modify	PATIENT INSTRUCTIONS AFTER DISCHARGE
Prenatal vitamin, 1, by mouth, daily	C <u>DC</u> M _____	<u>Continue</u> STOP
_____	C DC M _____	Continue STOP
_____	C DC M _____	Continue STOP
_____	C DC M _____	Continue STOP
_____	C DC M _____	Continue STOP
_____	C DC M _____	Continue STOP
_____	C DC M _____	Continue STOP
_____	C DC M _____	Continue STOP
_____	C DC M _____	Continue STOP
_____	C DC M _____	Continue STOP
_____	C DC M _____	Continue STOP

SIGNATURES ON ADMISSION Provider _____ Date/Time _____
 Transcribed by (clerk) _____ Date/Time _____
 Noted by (RN) _____ Date/Time _____

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ADDITIONAL DISCHARGE MEDICATIONS

See also Postpartum Medication Prescriptions form (MR777)

SIGNATURES ON DISCHARGE Provider _____ Date/Time _____
 Discharge RN _____ Date/Time _____