

Med Reconciliation Transfer Profile

Name: Example, Patient		Location: Facility UNIT		Service: EMER	
Physician: Name, Dr.		MRN: 0000000000		Visit #: 00000000000000	
Birth Date: YYYY/MM/DD	Age: YY yrs	Sex:	Height: XXX.X cm	Weight: XXX.X kgs	
Cr Cl: XX	BSA: X.XX		Admitted: YYYY/MM/DD		
Allergies: No Known Allergies					
Diagnosis: (GENERAL WEAKNESS), (LOWER EXTREMITY WEAKNESS)					
Comments:					

Ord #	Item Description	Dose	Frequency / Directions	Start / Stop	S	Re-order procedure / transfer	post transfer
						Circle Yes or No	
1	gabapentin Cap 100 mg	200 MG	200 mg = 2 Cap By Mouth Three Times Daily (NEURONTIN)	2022/02/28 2023/02/28	A	YES	NO
4	pantoprazole EC Tab 40 mg	40 MG	40 mg = 1 Tab By Mouth Daily (PANTOLOC) *DO NOT CRUSH*	2022/02/28 2023/02/28	A	YES	NO
5	ramipril Cap 10 mg	10 MG	Total Dose 12.5 mg = (1 x 10 mg)+(1 x 2.5 mg) By Mouth Daily **Multi-Strength Order**	2022/02/28 2023/02/28	A	YES	NO
6	ramipril Cap 2.5 mg	2.5 MG	Total Dose 12.5 mg = (1 x 2.5 mg)+(1 x 10 mg)By Mouth Daily **Multi-Strength Order**	2022/02/28 2023/02/28	A	YES	NO
7	metFORMIN Tab 500 mg	1000 MG	1000 mg = 2 Tab By Mouth Twice Daily With Meals	2022/02/28 2023/02/28	A	YES	NO
9	gliclazide MR Tab 30 mg	30 MG	30 mg = 1 Tab By Mouth Daily (DIAMICRON MR) *DO NOT CRUSH OR CHEW*	2022/02/28 2023/02/28	A	YES	NO
14	apixaban Tab 5 mg	5 MG	5 mg = 1 Tab By Mouth Twice Daily (ELIQUIS)	2022/03/01 2023/03/01	A	YES	NO
17	metoprolol Tab 25 mg	25 MG	Total dose 112.5mg = (0.5 x 25mg) + (1 x 100mg) By Mouth Twice Daily **Multi-Strength Order**	2022/03/04 2023/03/04	A	YES	NO
18	metoprolol Tab 100 mg	100 MG	Total dose 112.5mg = (1 x 100mg) + (0.5 x 25mg) By Mouth Twice Daily **Multi-Strength Order**	2022/03/04 2023/03/04	A	YES	NO

Profile Continues

Physician Signature: _____

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Cr Cl: XX	BSA: X.XX	Height: XXX.X cm
Allergies: No Known Allergies	Admitted: YYYY/MM/DD	Weight: XXX.X kgs
Diagnosis: (GENERAL WEAKNESS), (LOWER EXTREMITY WEAKNESS)		
Comments:		

Ord #	Item Description	Dose	Frequency / Directions	Start / Stop	S	Re-order procedure / transfer	post transfer
						Circle Yes or No	
20	vitamin B1 (thiamine) Tab 100 mg	100 MG	100 mg = 1 Tab By Mouth Daily	2022/03/06 2023/03/06	A	YES	NO
21	amLODIPine Tab 2.5 mg	2.5 MG	2.5 mg = 1 Tab By Mouth Daily (NORVASC)	2022/03/07 2023/03/07	A	YES	NO
22	vancomycin Inj 1 g	1.5 G	1.5 g IV Every 12 Hours	2022/03/08 2022/03/15	A	YES	NO
8	acetaminophen cpd/codeine Tab 30 mg		1 to 2 Tab By Mouth Every 4 Hours As Needed (TYLENOL No. 3 EQUIV)	2022/02/28 2023/02/28	A	YES	NO

End of Report

Physician Signature: _____

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