RIDGEDALE SURGELY CENTER

14 Ridgedale Avenue • Suite 120 • Cedar Knolls, New Jersey 07927 Tel: 973.605.5151 • Fax: 973.605.1208

Patient Label

Allergic To:		Describe Reaction:			□ No	No Known Allergies		
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	W-037479.5555							
			EDICATION					
ist all medications incl itamins & herbals	uding over-ti	ne-counters	, patches, in	naiers, eye c	irops,	PHYSICIAN A	U. Schrieber and Cable of the	
☐ Patient takes no medications at home						At time of discharge, please check which medications should be continued & sign below to authenticate orden		
MEDICATION NAME	DOSE	ROUTE (how)	FREQUENCY (when)	LAST DOSE Date/Time	REASON WHY	CONTINUE AT DISCHARGE	Service of the servic	
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Unable to Obtain Medication History - REASON must be explained:				New medications prescribed for patient at discharge				
formation Source (obtained fro	m)		- 1000-0 05=1 9			-uritana a		
Patient/Family	☐ Old Rec	ords				SERVAL		
Retail Pharmacy	☐ Bottles/	List		X		- H1790	one necessaries	
Other	(O) = 1 + 1 + 1 + 1 + 2 + 1 + 1				ician Signature		Date/Time	
gnature of Pre-OP RN: X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**************************************	Date:	2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2			3 (28) 100 10	
gnature of Post-Op RN: X			Date:			Copy Given To	o Patient	
ote to Patient: Please tallist of your current medica		The state of the s				o-,	IN ACCOUNT OF THE PARTY.	