

Medications

| Before surgery | | | | | | | | | Unchanged after surgery |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|--|--|-----------------------|-------------------------|
| Medication name and strength | Morning | Midday | Evening | Bedtime | Reason I am taking this medication | I have told my healthcare team I am taking this medication | When is the last dose I need to take before my surgery (date/time) | Unchanged medications | When do I re-start? |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | |

Going Home After surgery – CHANGES to regular medication

| Medication name and strength | Morning | Midday | Evening | Bedtime | Why was the medication changed? What has changed e.g. increased or reduced dose | Who do I follow-up with about the change if needed? |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|---|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
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Going Home After surgery – NEW medications

| Medication name and strength | Morning | Midday | Evening | Bedtime | Why do I need this medication? | When do I stop this medication? | Who should I follow-up with if I have questions about this medication? |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|---------------------------------|--|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
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