

Endoscopy Center
425 Post Road.
Fairfield, Connecticut 06824

Medication Lists and Instructions

Name: _____ DOB: _____ Date: _____

Allergy Information None Dyes Latex Adhesive Tape

Drug/Food Product	Reaction	Drug/Food Product	Reaction

Active Medication List

Reconciliation

Prescribed Medications/Over the Counter Medications Vitamins and Herbs	Dose	Last Taken	Continue on Discharge	
1.			Yes	No
2.			Yes	No
3.			Yes	No
4.			Yes	No
5.			Yes	No
6.			Yes	No
7.			Yes	No
8.			Yes	No
9.			Yes	No
10.			Yes	No
11.			Yes	No
12.			Yes	No
13.			Yes	No
14.			Yes	No
15.			Yes	No

Nurses Signature: _____

Date: _____

--

Patient: Please fill out medication list and bring day of procedure.

Patient: Please give the above list with any changes to your primary care doctor.