NORTH RICHLAND HILLS ENDOSCOPY CENTER
MEDICATION RECONCILIATION FORM

Patient Instructions:
Please fill in gray shaded boxes only and bring form with you on your procedure day

DATE: _____

List of medication allergies with reactions: **Latex Allergy:** ☐ **No** ☐ **Yes**

OR

I am not allergic to any medications ☐

Post-Op Instructions		CURRENT MEDICATIONS	INDICATION	DOSE	FREQUENCY	LAST DOSE
Continue Med	Stop Med					

Medication List Completed by: _____

☐ **Continue all current medications** ☐ **Stop all current medications**

NEW MEDICATIONS	INDICATION	DOSE	FREQUENCY

Medication Discharge Instructions: **(Patient needs to verify dosage of resumed medications with the prescribing physician.)**

Special medication instructions: _____

_____Physician Signature

Medication instructions and reconciled list received by:

_____

Patient or Responsible Adult

_____

Discharge Nurse

☐ **Check here if multiple pages are needed: Page ___ of ___**