

**BRING THIS WITH YOU THE DAY OF YOUR PROCEDURE**

**Please complete the following medication record including dose, frequency, and reason for taking. Although you may have informed the physician’s office of the medication you are taking this form needs to be completed and brought with you to the Endoscopy Center. The nurse will review this with you at the time of admission to ensure there are no meds that may interfere with your procedure/sedation to ensure the safest patient care and outcome.**

**MEDICATION RECONCILIATION RECORD**

*Medication List provided by patient or patient representative*

Include: Prescription and OTC, herbals, vitamins, nutritional supplements, and alternative therapy, etc

<b>Medication/Vitamin/Supplement Name</b>	<b>Dose Mg/Mcg Quantity</b>	<b>Frequency Ex Twice a day</b>	<b>Reason for taking</b>	<b>Last dose taken</b>
<b>Allergies, including reaction type:</b>				