PATIENT MEDICATION RECONCILIATION FORM

DIGESTIVE DISEASE ASSOCIATES FOR QUESTIONS 352-331-8902

So that we may maintain the highest quality in care and safety, please fill in ALL MEDICATIONS that you take. Please *bring this completed form with you on the day of your procedure*. Please be sure to include ALL prescription medications, any over the counter products, including herbal products, and narcotic or pain medications, patches. SEE ATTACHED LIST [ ]

●**Staging Nurse will review completion of this form with patient.** ●**Circle all sources of information: Patient Caregiver Rx bottle**

ALLERGIES AND ADVERSE DRUG REACTIONS: _____

TO BE COMPLETED BY PATIENT					TO BE COMPLETED MD			
Prescription and /or Over The Counter Medications, Vitamins, Herbals, etc.	**Dosage Strength**	**Times per Day**	**Last Taken**		**STOP Medication**	**Resume NOW**	**Resume on the specific date marked**	**Resume as needed**
			Date	**Time**				
1.								
2								
3								
4								
5								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
ALL MEDICATIONS LISTED ABOVE WERE REVIEWED AND MAY RESUME								

The above noted list is true, correct, and complete to the best of my knowledge and belief:

Please DO NOT SIGN OR DATE THIS FORM UNTIL YOU ARE AT OUR FACILITY ON THE DAY OF YOUR PROCEDURE

_____ _____/_____/_____ _____

PATIENT SIGNATURE **DATE** **TIME**

Medication list reviewed with patient: STAGING NURSE:	_____ ____/____/_____ _____ **Signature** **Date** **Time**

New medications prescribed/New prescriptions given today at discharge, or _____NONE	**DOSE**	**FREQUENCY**

I have reconciled the medication list.	**I have received the above instructions**
_____ ___/____/____ _____ PHYSICIAN SIGNATURE **Date** **Time**	_____ **Patient Signature**

Orders to resume medication(s) old and new reviewed with patient/family:	_____ ___/____/_____ _____ PACU NURSE SIGNATURE **Date** **Time**

North Florida Endoscopy Center **PATIENT LABEL:**