

Patient label

Home Medication List

This list of medications will assist us in preparing you for your procedure.
Following the procedure this list will serve as your new medication list.

Please fill out this form completely and bring this form with you the day of your procedure.

Include all prescriptions, over-the-counter, herbals, & vitamins/supplements.

Your pharmacy or primary physician can help you if needed.

Medication Name	Dose (mg,units)	Frequency	Last Dose (date/time)	MD use only Continue	MD use only Hold	MD use only Stop
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New Medications (following procedure)	Dose	Frequency	Special Instructions

Office use only

No medications taken at home

Incomplete medication list

Reason _____

Medication information obtained from:

Patient Caregiver Medication List

Brought Medications from home

Admitting Nurse

Physician Signature Discharge Nurse

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Original facility copy ◇ Yellow patient copy
Copies to be sent to referring MD office and Endoscopist office