Princeton Endoscopy Center

Patient Name: _____

MEDICATION RECONCILIATION FORM

✳ALLERGIES/SENSITIVIES

MEDICATION/FOOD/OTHER	REACTION

✳ACTIVE MEDICATION LIST

[ ] ON NO MEDICATIONS

✳Last two columns✳ below to be filled out ⬇by Physician⬇

MEDICATION	DOSAGE	FREQUENCY	LAST TAKEN		

BELOW TO BE COMPLETED BY NURSE:

[ ] Allergies/Sensitivities/Medications confirmed with patient in pre-op: _____

MEDICATIONS GIVEN ON DATE OF PROCEDURE:

CHECK OFF MEDICATION GIVEN	AMOUNT GIVEN
[ ] Propofol	
[ ] Zofran	
[ ] Lidocaine	
[ ] Glycopyrrolate	
[ ] Versed	
[ ] Fentanyl	
[ ] Other:	
[ ] Other:	

New Prescriptions/Special Instructions at time of discharge: _____

_____

_____

_____

[ ] Copy given to patient

PACU RN Signature: _____

MD Signature: _____