MEDICATION RECONCILIATION FORM

ALLERGIES/SENSITIVIES

MEDICATION/FOOD/OTHER			REACTION				
ACTIVE MEDICATION LIST [] ON NO MI			EDICATION	NS	Last two obelow to be		
	MEDICATION	DOSAGE	FREQUENCY		LAST TAKEN	CONTINUE AT DISCHARGE	DO NOT TAKE UPON DISCHARGE
BE	LOW TO BE COMPLETED	BY NURSE	<u>. </u>				
				. (! (!			
.]	Allergies/Sensitivities/Medication	ons confirmed v	vitn p	atient in pr	e-op:		
MEDICATIONS GIVEN ON DATE OF PROCEDURE:				rescriptions/S harge:	pecial Instruct	ions at time	
CHECK OFF MEDICATION GIVEN AMOUNT GIVEN		-					
] Propofol						
<u>[</u>	Zofran		4	[] [ony divon to n	ationt	
Ļ	[] Lidocaine			opy given to p			
Ļ	[] Glycopyrrolate		PACU	RN Signature):		
L F] Versed		-				
<u>Г</u>	Fentanyl Other:		-	14D C	1		
<u>Г</u>	[] Other:			MD Si	gnature:		

Princeton Endoscopy Center	Patient Name:
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