TEXAS INTERNATIONAL ENDOSCOPY CENTER

Medication Reconciliation Form

Allergies: _____

List All Medications (Prescription / Non-Prescription / Herbs / Recreational Drugs)

❑ No Medications Taken

Medication & Reason Taking	Strength/ Dosage	Frequency	Last Dose Taken	M.D. to COMPLETE: Resume After Discharge	New	Notes

Completed By: _____
Patient / Responsible Party

_____
Date

_____
M.D. Signature

_____
Date / Time

FOR OFFICE USE ONLY:

Learning Needs Assessed: ❑ Yes ❑ No Readiness to Learn: ❑ Yes ❑ No

Barriers to Learning: ❑ No ❑ Yes What? _____

Reviewing Pre-Op Nurse: _____ Date: _____

Reviewing Anesthesiologist: _____ Date: _____

Recovery Nurse: _____ Date: _____

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