MOUNTAIN WEST ENDOSCOPY CENTER
Medication Reconciliation Form

Medication reconciliation is a process designed to decrease adverse drug events or potential adverse drug events. This is a mandatory form that must be filled out by the patient or family. Please complete this form and bring it with you the day of your procedure. A nurse will review it with you and answer any questions. Thank you!

Patient Name: Date of Service: Physician:

ALLERGIES:					
Soy _____ **Eggs** _____ **Nitrates** _____					
Medication History – Include Over the Counter Medications					Last Dose Taken
Medication Name	Dose	Route	Frequency	Comments	

Medication/Allergy History provided by: _____ CRNA: _____

Signature Review of Medications and allergies across the patient care continuum

Pre-op_____ OR:_____ PACU I:_____ Discharge RN:_____

Resume all Pre-op Medications at the same dose & frequency. Exceptions/explanations listed below:

_____
_____
_____
_____

Additional Home Medications for Patient discharge

Medication Name	Dose/Route/Frequency/Comments	Last Dose	Rx Given?

Physician's signature:_____ CRNA:_____
Copy sent home with patient/family/significant other_____