



GI Excellence, Inc.

Gastroenterology Associates

PH: (951) 652-2252 | Office Fax: (951) 658-6476
Office Hours: 9 a.m. to 5 p.m., M-F

Procedure to be at this location:

Hemet Endoscopy Center
Informed Consent for Gastroenterology Related Procedures
1003 E. Florida Avenue, Suite 104, Hemet CA 92543
(951) 652-2252

MEDICATION RECONCILIATION FORM

Date: _____

Patient Name: _____

Account #: _____

Endoscopist(s): _____

Allergies: _____

Medications you reported taking: _____

Last dose taken: _____

Resume taking: _____

Medications you were given during this procedure: _____

Medication orders from today's procedure: _____

It is important for you to provide a current medication list to your primary cre physician(s), and to update your list when medications are added, discontinued or changed. Carry an updated medication list at all times in the event of emergency situations.

MEDICATION RECONCILIATION FORM