



# Central Arizona Endoscopy

## Medication Sheet

Please fill out this sheet indicating your medication, dosages and frequency and bring it with you on the day of your procedure.

If you are taking aspirin or Coumadin please indicate what day you stopped if instructed to do so by your physician.

MEDICATION	DOSAGE	FREQUENCY	LAST DOSE

### ALLERGIES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REACTION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Admit Nurse Review \_\_\_\_\_

RR Nurse Review \_\_\_\_\_

Physician Review \_\_\_\_\_

Continue Present Medications

Medication Changes: \_\_\_\_\_

\_\_\_\_\_ N/A

Patient's Signature Acknowledging understanding at discharge:

\_\_\_\_\_