

GLENDALE ENDOSCOPY CENTER
Patient Medication Reconciliation Form



PATIENT LABEL

Current Prescription Medications and Non-Prescription Drugs, Herbals, Vitamins, and Supplements

Nurse Signature _____ **Date** _____

New Medications or New Dosages you should take after discharge.

Name of Medication (print please)	Dose	How Often

Nurse Signature _____ **Date** _____