

Newport Beach Orange Coast Endoscopy Center

Your surgery has been scheduled at the Newport Beach Orange Coast Endoscopy. We are required by a National Medical Oversight Organization to maintain specific records which must be completed by each individual. Please bring the following items with you to the Endoscopy Center.

Name of Patient _____

A LIST OF YOUR CURRENT MEDICATIONS WITH DOSAGE AND SCHEDULE, please include any and all herbal medications.

A LIST OF ALL PREVIOUS HOSPITALIZATIONS AND/OR SURGERIES.

A LIST OF ALL ALLERGIES.

PLEASE FILL OUT BOTH SIDES OF THIS FORM

When listing your medications be specific. Please read the bottle, spell the name of the medication correctly, list the dosage as indicated on the bottle, and don't forget to list when you take the medication (morning or evening).

List your current medication – Prescriptions, Herbals, & Over the Counter

Name	Dosage	Frequency	Medical Reason for Medication

Continue on back of form

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List all allergies:

Allergy	Type of Reaction

List your previous hospitalizations or surgeries:

Hospitalization/Surgery	Date (month and year)

**Review of Medications and Allergies across the patient care continuum.
To be completed by Newport Beach Orange Coast Endoscopy Center personnel:**

Additional Home Medications for Patient Discharge

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

Nurse Signature

Date