BLUEGRASS
REGIONAL IMAGING, LLC

**OUTPATIENT/AMBULATORY PROCEDURE**
**MEDICATION RECONCILIATION**

PT Label

Date: _____

**ALLERGIES**

| Allergic to: | Reaction | | | | Allergic to: | Reaction | | | |
|---|---|---|---|---|---|---|---|---|---|
| ❑ **NO ALLERGIES** | Rash | SOB *or* Airway | GI | Other Reactions | *Other* Medications or Foods | Rash | SOB *or* Airway | GI | Other Reactions |
| ❑ Latex | | | | | | | | | |
| ❑ Penicillin | | | | | | | | | |
| ❑ Cephalosporin | | | | | | | | | |
| ❑ Sulfa | | | | | | | | | |
| ❑ Aspirin | | | | | | | | | |
| ❑ Morphine | | | | | | | | | |

Home Pharmacy: _____

Contrast Used: ISOVUE 370

**HOME MEDICATION INFORMATION**

| Medication Name | Stop Taking | Next Dose Date | Medication Name | Stop Taking | Next Dose Date |
|---|---|---|---|---|---|
| 1 | | | 18 | | |
| 2 | | | 19 | | |
| 3 | | | 20 | | |
| 4 | | | 21 | | |
| 5 | | | 22 | | |
| 6 | | | 23 | | |
| 7 | | | 24 | | |
| 8 | | | 25 | | |
| 9 | | | 26 | | |
| 10 | | | 27 | | |
| 11 | | | 28 | | |
| 12 | | | 29 | | |
| 13 | | | 39 | | |
| 14 | | | 31 | | |
| 15 | | | 32 | | |
| 16 | | | 33 | | |
| 17 | | | 34 | | |

**Attn: Diabetics**

1. Continue your medications as prescribed by your doctor.
2. Drink plenty of fluids for the rest of the day unless advised otherwise by your physician.
3. Continue your normal activities.

Patients Signature _____ Date _____

Clinicians Signature _____ Date _____