RADIOLOGY DEPARTMENT
OUTPATIENT MEDICATION RECONCILIATION

Allergies: _____
No Known Allergies [ ]

HOME/ADMISSION (may be completed by patient or family)				DISCHARGE (completed by staff)		
Medication	Dose/ Units (how much)	Frequency (how often)	Route (how taken)	Continue	Stop	Comments
NEW MEDICATION ORDERS						

To be completed by hospital staff (below)

Info received from: [ ] Patient [ ] Family [ ] Other_____	Copy given to patient [ ]
Patient's PCP: _____ [ ] n/a	Form faxed to PCP [ ] Yes [ ] n/a

IMPORTANT INFORMATION FOR YOU

[ ] Please stop taking your *metformin-containing* medication for the next 48 hours. You may begin taking your metformin-containing medication (Glucophage, Fortamet, Glumetza, Riomet; or combination drugs - Glucovance, Metaglip, ActoPlusMet, Prandimet, Avandamet, Janumet, Kombiglyze) again after 48 hours. Note: look for "metformin" on the label as many of these drugs are available in generic versions.

[ ] If you have any questions, please contact your primary care physician.

[ ] _____
_____

Patient Sticker

PROVIDENCE
Little Company of Mary
Medical Center
San Pedro