Gastrointestinal Institute, LLC
Premier Medical Group, LLC

ENDOSCOPY IMAGING LABORATORY

CURRENT MEDICATION LIST

Name _____

D.O.B. _____ Patient Record # _____

ALLERGIES / DRUG REACTIONS

MEDICATION	REACTION	MEDICATION	REACTION

CODES

Refills = #/#
Begin = B Stop = X
Changes = ♦
Med List checked = ..

Local Pharmacy Name

_____

Mail Order Pharmacy

_____

MEDICATION Include over-the-counter medications	DOSAGE Strength and Frequency	DATES
REVIEWER INITIALS		
PROVIDER INITIALS		

☐ ADDITIONAL MEDICATIONS ON SECOND SHEET

09/01/11

2200 JACOBSSEN DRIVE NORMAL, ILLINOIS 61761 Phone: 309.451.1123 Fax: 309.451.1212 www.ILGastro.com

MID-CENTRAL ILLINOIS
GASTROENTEROLOGY
LTD

a member of
Premier Medical Group

CURRENT MEDICATION LIST (cont.)

Page ____

CODES

Refills = #/#
Begin = B Stop = X
Changes = Δ
Med List checked = √

Name _____

D.O.B. _____ Patient Record # _____

MEDICATION *Include over-the-counter medications*	**DOSAGE** *Strength and Frequency*	**DATES**
REVIEWER INITIALS		
PROVIDER INITIALS		

09/01/11

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