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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