



Westerville Endoscopy Center

In partnership with OhioHealth

MEDICATION LIST

Please fill out completely or attach you medication list from home. Please list ALL medications you are taking, including any supplements or herbal medications.

MEDICATION	DOSAGE	ROUTE (ORAL, INJECTION, INHALED)	HOW OFTEN?	LAST DOSE TAKEN

ALLERGY LIST

List all allergies and reactions to medications, medical products (tape, latex etc.) and food and the reaction you have to the medication or product

NO KNOWN ALLERGIES

ALLERGIC TO:	LIST REACTION