INSTITUTE OF HAWAII
ENDOSCOPY

Medication Record

Patient _____ Doctor _____

Taken Today	Medication	Dosage	Frequency
			____ X ❑ Daily ❑ Weekly
			____ X ❑ Daily ❑ Weekly
			____ X ❑ Daily ❑ Weekly
			____ X ❑ Daily ❑ Weekly
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			____ X ❑ Daily ❑ Weekly
			____ X ❑ Daily ❑ Weekly
			____ X ❑ Daily ❑ Weekly

_____ Patient's /Caregivers initials _____Staff signature /Date

Discharge Medication

❑ No changes from above list – resume all above listed medications as directed by your provider.

New Prescriptions/Medications	Dosage	Reason For Taking	Notes
			❑ Instructions Given
			❑ Instructions Given
			❑ Instructions Given
			❑ Instructions Given
			❑ Instructions Given
			❑ Instructions Given
			❑ Instructions Given

_____ Patient's /Caregivers initials _____Staff signature /Date