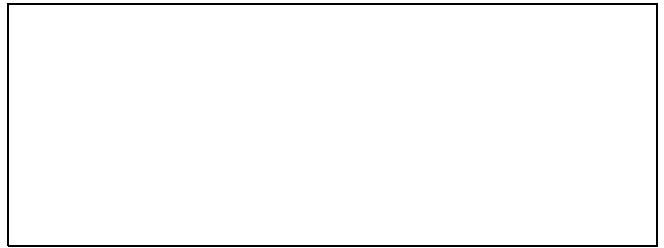




120 S. 6th Street Suite # 155
 Minneapolis, MN 55402
 Phone: 612-347-7226
 Fax: 612-347-7220



Medication Documentation Record

Please list all of the current prescribed medications, over the counter medications, herbs, or supplements that you take:

Name of Medication/Herb/Supplement	Dose	How often do you take it?

For Staff Use Only

List Medications given for MRI or CT scan:

Oral Medication: _____

Oral given at: _____ Amount: _____

Oral given at: _____ Amount: _____

IV Medication: _____

Injection Time: _____ Injected By: _____

Post instructions given? Yes No Supervising Physician: _____

Adverse reaction? Yes No If yes, describe: _____

Treatment: _____

New Allergy to contrast entered into EPIC: Yes No

Faxed to referring physician or clinic for update to current medical record.

Referring Physician: _____ **Fax #:** _____

Date: _____ **Time:** _____