



MR# _____
 Acct# _____
 Name _____
 DOB _____

Radiology
 Medication Reconciliation/
 Discharge Medication Instructions page 2 of 2

Complete or Imprint with Address-O-Plate

B. The following are NEW medications prescribed as a result of your visit today

Medication Name	Dose	Route	Frequency (do not use abbreviations)

C. The following medication(s) should be STOPPED

- You are taking _____ which contains Metformin. Please stop taking this medication for two days following this examination. You may continue any other medications you normally take. Please contact your physician in two days and confirm that you can resume the medication. In some cases, he/she may want to get a blood test of your creatinine level and review the results before restarting the medication.
- If you are currently breast feeding, only a minute amount of the contrast may be absorbed by your baby. Since the amount of contrast in the milk is so low, you can choose to continue to breast feed or temporarily stop nursing for 24 hours. If you wish to stop nursing, you should express and discard your breast milk for the 24 hours following the contrast injection. If you have any questions regarding these instructions, please consult with your physician for directions.

D. The following medication(s) should be HELD (specify how long to be held)

Medication Name	Dose	Route	Frequency (do not use abbreviations)	Specify How Long To Be Held

Physician/Practitioner Signature	Date	Time	Instructions given by	Date	Time
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Patient acknowledges receipt and understanding of Discharge Medication Instructions

Patient or Escort Signature	Date	Time
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Next provider of care (Name and Address)

IMPORTANT: DO NOT WRITE IN MARGINS