Endoscopy Center of Ocean County / Endoscopy Center of Toms River Doctors Tamimi, Collier, Bigornia, Glazier, Mirchandani, Menadier 477 / 473 Lakehurst Road Toms River, New Jersey 08755 732-349-4422

## PATIENT MEDICATION AND ADMISSION INFORMATION FORM

PLEASE FILL OUT AND BRING THIS FORM WITH YOU ON THE DAY OF YOUR PROCEDURE.

Patient Name:	Date of Birth:	Height: V	Veight:
Procedure Date: MD (circle):	Tamimi, Collier, Bigornia,	Glazier, Mirchandani,	Menadier
Primary Care MD /Referring MD/ or Surgeon:			
Who is driving you home from the procedure?  Ride / Transportation Name:	Phone #:		
Emergency Contact: Name:	Relationship:		Phone #:
Do you have a living will or Advanced Directive?	If yes did you bring	; a copy?	
It is important for your physicians to have an <u>up to date record of all the medication you take</u> . Please use this form to list all the medications you take on a regular basis (including herbals, over the counter medications and vitamins). Copy the information from the medication container, including the dose and how often you take it (example: 50mg 4x/day). <u>DO NOT BRING THE MEDICATION WITH YOU.</u>			
Pharmacy Name & Phone Number:			
FOOD ALLERGIES:			
MEDICATION ALLERGIES:			
	1		