

MEDICINE RECONCILIATION

Beth Israel Deaconess Hospital - Milton Radiology

CT _____

US _____

MRI _____

Mam _____

Nuc Med _____

X-Ray _____

Technologist

Date

MRU # _____

**PLEASE LIST BELOW ALL
MEDICATIONS THAT YOU ARE
CURRENTLY TAKING**

DOSE NOT REQUIRED

OUTPATIENTS MUST COMPLETE THIS FORM

(Print) Patient Name

Date of Birth

Patient's Signature