

MEDICATION SHEET

| | | |
|--------------------|--------------------------------------|--|
| LABEL | DRUG ALLERGIES: <hr/> <hr/> <hr/> | |
| PHARMACY NUMBER(S) | PATIENT NUMBER | |

| DATE | Rx MEDICATIONS/DOSAGE/ROUTE <small>(PLACE * BY EXPECTED LONG TERM MEDICATIONS)</small> | MD | REFILL <small>Date: Dosage/initial</small> | D/C DATE & REASON |
|------|---|----|---|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | | | | | |
|------------------|-----------|------------------|-----------|------------------|-----------|
| | | | | | |
| SIGNATURE/LEGEND | | SIGNATURE/LEGEND | | SIGNATURE/LEGEND | |
| INITIAL | SIGNATURE | INITIAL | SIGNATURE | INITIAL | SIGNATURE |
| | | | | | |
| | | | | | |
| | | | | | |

