DISCHARGE MEDICATION FORM

This document may serve as a prescription and medication instruction sheet for patients. Write all instructions legibly and in patient terms.

Allergies:

Patient

MR #

DOB

Instructions to Physician (use ballpoint pen if handwritten)

Name, Dose, Route, Frequency	Taken @Home	Ordered	Continue as home Med.	Do NOT continue	Dispense	Refills
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NEW DISCHARGE MEDICATIONS:						

Physician's Signature (Discharge) | Date

Original for Patient and copy in Patient's Medical Record

Fax To Pharmacy: _____

Fax to PCP: _____

Fax To Attending: _____

Pilot Form

Print Form