

# HEALTH CENTER

## Medication Record

HO	PROB	Written	Phoned	Date	Amount	Refills
	#					
		Medication		Date		
		Directions		Amount		
				Refills		
		Medication		Date		
		Directions		Amount		
				Refills		
		Medication		Date		
		Directions		Amount		
				Refills		
		Medication		Date		
		Directions		Amount		
				Refills		
		Medication		Date		
		Directions		Amount		
				Refills		
		Medication		Date		
		Directions		Amount		
				Refills		
		Medication		Date		
		Directions		Amount		
				Refills		

HO equals handout. Check after patient receives education and handout concerning new medication.  
 Prob.# equals problem number. Obtain from patient problem sheet.

PREFERRED PHARMACY \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ CHART NUMBER \_\_\_\_\_