

PATIENT NAME: _____ Date: _____

Patient Information: Height: _____ Weight: _____ Occupation: _____

PHARMACY NAME: _____

PHARMACY PHONE #: _____ PHARMACY CITY: _____

MEDICATION LIST

<u>NAME OF DRUG /TRADE NAME</u>	<u>STRENGTH</u>	<u>USE</u>	<u>TIMES TAKEN PER DAY</u> (Check all that apply)
_____	_____	_____	<input type="checkbox"/> TID – 3X day <input type="checkbox"/> every 6 hrs <input type="checkbox"/> BID – 2X day <input type="checkbox"/> every 8 hrs <input type="checkbox"/> QD – 1X day <input type="checkbox"/> once in AM <input type="checkbox"/> every 4 hrs <input type="checkbox"/> once in PM
_____	_____	_____	<input type="checkbox"/> TID – 3X day <input type="checkbox"/> every 6 hrs <input type="checkbox"/> BID – 2X day <input type="checkbox"/> every 8 hrs <input type="checkbox"/> QD – 1X day <input type="checkbox"/> once in AM <input type="checkbox"/> every 4 hrs <input type="checkbox"/> once in PM
_____	_____	_____	<input type="checkbox"/> TID – 3X day <input type="checkbox"/> every 6 hrs <input type="checkbox"/> BID – 2X day <input type="checkbox"/> every 8 hrs <input type="checkbox"/> QD – 1X day <input type="checkbox"/> once in AM <input type="checkbox"/> every 4 hrs <input type="checkbox"/> once in PM
_____	_____	_____	<input type="checkbox"/> TID – 3X day <input type="checkbox"/> every 6 hrs <input type="checkbox"/> BID – 2X day <input type="checkbox"/> every 8 hrs <input type="checkbox"/> QD – 1X day <input type="checkbox"/> once in AM <input type="checkbox"/> every 4 hrs <input type="checkbox"/> once in PM
_____	_____	_____	<input type="checkbox"/> TID – 3X day <input type="checkbox"/> every 6 hrs <input type="checkbox"/> BID – 2X day <input type="checkbox"/> every 8 hrs <input type="checkbox"/> QD – 1X day <input type="checkbox"/> once in AM <input type="checkbox"/> every 4 hrs <input type="checkbox"/> once in PM
_____	_____	_____	<input type="checkbox"/> TID – 3X day <input type="checkbox"/> every 6 hrs <input type="checkbox"/> BID – 2X day <input type="checkbox"/> every 8 hrs <input type="checkbox"/> QD – 1X day <input type="checkbox"/> once in AM <input type="checkbox"/> every 4 hrs <input type="checkbox"/> once in PM
_____	_____	_____	<input type="checkbox"/> TID – 3X day <input type="checkbox"/> every 6 hrs <input type="checkbox"/> BID – 2X day <input type="checkbox"/> every 8 hrs <input type="checkbox"/> QD – 1X day <input type="checkbox"/> once in AM <input type="checkbox"/> every 4 hrs <input type="checkbox"/> once in PM
_____	_____	_____	<input type="checkbox"/> TID – 3X day <input type="checkbox"/> every 6 hrs <input type="checkbox"/> BID – 2X day <input type="checkbox"/> every 8 hrs <input type="checkbox"/> QD – 1X day <input type="checkbox"/> once in AM <input type="checkbox"/> every 4 hrs <input type="checkbox"/> once in PM
_____	_____	_____	<input type="checkbox"/> TID – 3X day <input type="checkbox"/> every 6 hrs <input type="checkbox"/> BID – 2X day <input type="checkbox"/> every 8 hrs <input type="checkbox"/> QD – 1X day <input type="checkbox"/> once in AM <input type="checkbox"/> every 4 hrs <input type="checkbox"/> once in PM