

Education Tool- Medication Discharge Instructions

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Medication Discharge Instructions

Resident Name _____ Date of Discharge _____

Start Date	Brand Name of Medication	Generic Name of Medication	Dosage (mg/units/puffs drops)	When is the Medication Taken (How many times a day? Morning, afternoon, night, etc.)	Purpose of the Medication	Danger Signs/ Call Physician Immediately for:	Stop Date	Monitoring Required -Lab tests date and time -Other



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