

## HOME MEDICATION RECORD/ORDER

Washington University in St. Louis School of Medicine

Please check ( $\checkmark$ ) the appropriate box ( $\square$ ) and fill in the blank(s) as needed.
UNLESS THE WORD SPECIFIC IS WRITTEN AFTER A DRUG ORDER BY TRADE NAME, A GENERIC EQUIVALENT DRUG APPROVED BY THE PHARMACY AND THERAPEUTICS COMMITTEE MAY BE DISPENSED IN ACCORDANCE WITH THE MEDICAL STAFF BYLAWS.

APPROVED BY THE PHARMACY AND THERAPEUTICS COMMITTEE MAY BE DISPENSED IN ACCORDANCE WITH THE MEDICAL STAFF BYLAWS.						ADDRESSOGRAPH		
	ication list obtained from:   Patient ications (includes OTC, herbals, etc) The properties of the prop							
	obtained by: Date/Time: /	•		proce not of nome medications.				
Date/Time: / Signature:					Continue		Indication for Use / Reason	Prescriber (MD, DO, PA, NP)
Date/Time	Medication	Dose	Route	Frequency	Medication		for Discontinuation	Signature
	☐ No Home Medications				☐ Yes	□ No		ı
					☐ Yes	□ No		ı
					☐ Yes	□ No		
					☐ Yes	□No		
					☐ Yes	□No		
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					☐ Yes	□No		
					☐ Yes	□No		
					☐ Yes	□No		
					☐ Yes	□No		
					☐ Yes	□No		1
					☐ Yes	□No		-
					☐ Yes	□No		
BJ 5-3343-1653 (1	11/10/06) Page 1 of 2 TAB: ORDERS	1		DO NOT WRITE BELOW TH	IIS LIN	Ē		

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Source: Barnes-Jewish Hospital, St. Louis, MO.