McLaren Flint
Flint, MI

PATIENT DISCHARGE INSTRUCTIONS

MEDICATIONS – Part 2

(Complete if Page 1 is full)

MEDICATION NAME DOSE & FREQUENCY (Do not use abbreviations)	DATE & TIME FOR NEXT DOSE	REASON / COMMENTS	MEDS AT HOME	SCRIPT GIVEN	MED INFO GIVEN

White Copy–Chart Yellow Copy-Physician Pink Copy-Patient

PATIENT DISCHARGE INSTRUCTIONS – Medications Part 2
M-17034b (9/17)

780b

PT.

MR#/RM

DR.