



FLINT

Behavioral Health Center
HOME MED SHEET

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

******To be kept on patients chart with patients discharge form, top right-hand corner.**



780b

PT.

MR.#/RM.

DR.