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## OUT PATIENT MEDICATION LIST

Welcome to the WellStar Health System. In order to serve you better please list the patient's MEDICATIONS with DOSE including over the counter medication, herbal, dietary supplements, drops, ointments, pumps, patches, inhalers, sprays. Also, list ALLERGIES.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by the patient or responsible person before the procedure.

MEDICATION NAME	DOSE	HOW OFTEN DO YOU TAKE IT	COMMENTS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

**LIST ALLERGIES:** (Food and Drug / Reaction)

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Information completed by: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

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### DISCHARGE MEDICATION INSTRUCTIONS:

- The above medication list has been reviewed. Patient may continue medications without changes.
- The above medication list has been reviewed. Physician orders are to continue medications with the following changes and instructions:

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Patient/Responsible Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse/Technologists Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### WellStar Health System

Cobb Douglas Kennestone  
Paulding Windy Hill

Out Patient Medication List

PATIENT IDENTIFICATION