

**DISCHARGE PRESCRIPTION
PROVIDENCE HEALTH CARE**



* 3 3 5 3 *

Medication Reconciliation

IF YOU RECEIVED THIS FAX IN ERROR, PLEASE CALL THE SENDER IMMEDIATELY.

DATE: _____

Community Pharmacy: _____

Page _____ of _____

Phone: _____ FAX: _____

INSTRUCTIONS FOR UNIT COORDINATOR:

- Fax Discharge Prescription to designated community pharmacy and other health care providers as directed by team.
- Photocopy original Discharge Prescription and file in chart under Prescriber's Orders.

INSTRUCTIONS FOR PRESCRIBER:

- Indicate which medications are to be continued after discharge.
- For Medications ordered, check off appropriate option under "Additional Information" below. Discontinued medications should be listed in the "Discontinued Medications".
- Print additional pages as needed.

MEDICATION	Continue Medication	Comments / Indication	Quantity	Duration (days)	Refill	Additional Information (for medication order)
Drug, Dose, Route, Frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Change to					<input type="checkbox"/> Same as prior to admission <input type="checkbox"/> Adjusted in hospital <input type="checkbox"/> New in hospital
Drug, Dose, Route, Frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Change to					<input type="checkbox"/> Same as prior to admission <input type="checkbox"/> Adjusted in hospital <input type="checkbox"/> New in hospital
Drug, Dose, Route, Frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Change to					<input type="checkbox"/> Same as prior to admission <input type="checkbox"/> Adjusted in hospital <input type="checkbox"/> New in hospital
Drug, Dose, Route, Frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Change to					<input type="checkbox"/> Same as prior to admission <input type="checkbox"/> Adjusted in hospital <input type="checkbox"/> New in hospital
Drug, Dose, Route, Frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Change to					<input type="checkbox"/> Same as prior to admission <input type="checkbox"/> Adjusted in hospital <input type="checkbox"/> New in hospital
Drug, Dose, Route, Frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Change to					<input type="checkbox"/> Same as prior to admission <input type="checkbox"/> Adjusted in hospital <input type="checkbox"/> New in hospital
Drug, Dose, Route, Frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Change to					<input type="checkbox"/> Same as prior to admission <input type="checkbox"/> Adjusted in hospital <input type="checkbox"/> New in hospital

DISCONTINUED MEDICATIONS: (stop taking the following home medications) Community pharmacy to discontinue in PharmaNet if possible.

Medication	Reason

If space is needed for more discontinued medications, a supplemental page is available from Chartscan (print PHC-PH705)

Specify applicable packing option: Safety vials Blister packaging Non-safety vials Other: _____

GIVE THIS PRESCRIPTION TO THE PATIENT TO BE FILLED AT A COMMUNITY PHARMACY

Prescriber Signature _____

Printed Name _____

CPSBC # _____

Contact Number _____