Unapproved Abbreviations: DO NOT Use						
ALWAYS Use Leading 0's; DO NOT Use Trailing 0's						
AD	AU	MS	MgS04	QOD	µg	u
AS	IU	MS04	QD	TIW	U	X3d

Medication List

NOVANT HEALTH

Patient Name: _____ **Chart #:** _____

Health Care Provider: _____ **DOB:** _____

ALLERGIES/INTOLERANCES

DRUG	REACTION	DATE

ALLERGIES/INTOLERANCES

DRUG	REACTION	DATE

Date Med Started (if known)	Medication (Prescribed, OTC or Herbal Supplement)	Dosage	Daily	2 times per day	Bed-time	Other	Discontinued Date

Updated		
Date / Time	Initial	✓ When list given to patient