Medication:

Strength: Dose:

Purpose:

Directions: For this medication to be effective, it is important you follow *all* instructions.

 Take/Inject tablets/capsules/teaspoons/mL/cc

 time(s) daily or at

Proper Use: This medication usually works best when taken

 Special instructions (e.g., on a full stomach, with 8 oz. water, etc.)

 Take this medication for the full time of treatment prescribed, even if you start feeling better.
*Do not skip doses.*

Please Note: Contact your physician if your condition worsens or does not improve in days.
 Be sure to tell your physician if you’ve ever had a reaction (allergy) to this or any medications.

Possible side effects:

See your physician immediately if you experience:

Possible drug and food interactions:

Information provided to: [ ]  Patient [ ]  Spouse/Partner [ ]  Legal Representative [ ]  Parent/Guardian

Pamphlets/brochures provided? [ ]  Yes (If yes, list )
[ ]  No

Samples provided? [ ]  Yes (If yes, lot number, expiration date, dosage, amount:
 )
 [ ]  No

Please make sure that you tell each physician you see what medications you are taking. This includes over-the-counter products. This information is intended only as a guide and may not include all possible drug and food interactions. Consult your physician or pharmacist for more information.

 The above information has been explained to me.

 I have read and understand the above information about

 [medication name]

Patient Signature (or signature of person completing form if not patient\*) Date

\*Relationship to patient: □ Parent □ Legal Guardian □ Other:

Witness Signature Date