



(Place Patient Identification here)

Discharge Prescription Orders

Please use ballpoint pen.

Home Medications	Resume	Home Medications	Resume
_____ Dose _____	[] Yes [] No	_____ Dose _____	[] Yes [] No
_____ Dose _____	[] Yes [] No	_____ Dose _____	[] Yes [] No
_____ Dose _____	[] Yes [] No	_____ Dose _____	[] Yes [] No
_____ Dose _____	[] Yes [] No	_____ Dose _____	[] Yes [] No

****CMS recommends the following. Please document reason(s) for not prescribing in chart.**

For Heart Failure	ACEI or ARB for LVEF < 40% (Document reason if not prescribing either one)
For AMI	ASA, Beta blocker, ACEI or ARB for LVEF < 40% (Document reason if not prescribing either one)
For CABG	ASA, Beta blocker

Label with strength and name of each drug for ALL ordered medications.				Patient Weight: _____ (KG)
MEDICATION	DOSAGE FORM	FREQUENCY	STRENGTH	Qty# _____
_____				QTY Spelled Out: _____
SIG: _____				Refill x _____ [] No substitute
MEDICATION	DOSAGE FORM	FREQUENCY	STRENGTH	Qty# _____
_____				QTY Spelled Out: _____
SIG: _____				Refill x _____ [] No substitute
MEDICATION	DOSAGE FORM	FREQUENCY	STRENGTH	Qty# _____
_____				QTY Spelled Out: _____
SIG: _____				Refill x _____ [] No substitute
MEDICATION	DOSAGE FORM	FREQUENCY	STRENGTH	Qty# _____
_____				QTY Spelled Out: _____
SIG: _____				Refill x _____ [] No substitute
MEDICATION	DOSAGE FORM	FREQUENCY	STRENGTH	Qty# _____
_____				QTY Spelled Out: _____
SIG: _____				Refill x _____ [] No substitute
MEDICATION	DOSAGE FORM	FREQUENCY	STRENGTH	Qty# _____
_____				QTY Spelled Out: _____
SIG: _____				Refill x _____ [] No substitute

Signature _____ Name Printed _____ DATE: _____ DEA NO: _____

ENTERED	
FILLED	