Partners in Recovery

Medication/Lab Flowsheet

Medication Name (Dose, Frequency, Route)	Prescriber initials above/ nurse initials below for recopy/verbal order	Date Discontinued and reason	For Prescribed Rx: Initials, Date, Amount And Method Dispensed (W=Written; P=Phoned; F=Faxed; S=Samples; B=Bubble Pack; H=Supply at Home) For Administered Rx: Date, Time, Initials, Route, Site Of Injection		
			M/Y:	M/Y:	M/Y:

Initials	Printed Name/Title	Initials	Printed Name/Title

Pharmacy Name/Phone: _____ Allergies: _____

Consumer Name: _____

Consumer ID #: _____