

Discharge Medication Schedule



Discharge Medication Schedule as of (Date): _____

Include all prescription and over-the-counter medications, vitamins and herbal supplements.

Medication Name	Reason for taking this Medication	Dosage and Instructions	Comments

Discharge Medication Schedule

Additional Medications as Needed			
Additional Medications As Needed			
Discontinued Medications			
Do Not Take the Following			
Avoid the following:			
Avoid the Following			