

Medication Log			Name:			Date:	
Name of Medication	Date Started	Date Stopped (or n/a)	Dosage, Frequency	Purpose Prescribed (for allergies, depression, etc.)	Prescribing Physician	Physician Phone Number	# of Refills Allowed
Example Drug	5/10/2010	N/A	10 mg 3 times a day	Endocephalocolonopathy	Dr. Dewey	(770) 528-1772	10

For Staff Use Only
Notes / Comments

Treatment:
 Date received: _____
 Reviewed by: _____
 Date entered in chart: _____
 Date sent to court: _____
 How transmitted: _____

Court:
 Date received: _____
 Reviewed by: _____