

Medication Chart 1 of 2

Facility Name: [REDACTED] Area: [REDACTED]
 Room: [REDACTED] Address: OLD

Client Name: W [REDACTED] PAT [REDACTED] M/F: F DOB: 01/01/1927 Medicare No: [REDACTED]
 Concession No: [REDACTED] Repat No: [REDACTED]

Diagnosis: [REDACTED] Email: [REDACTED] Phone: [REDACTED]
 All Allergies: [REDACTED] Fax: [REDACTED]

Special Instructions: Take 2-3 tablets at a time with water

Doctor: [REDACTED] Address: [REDACTED]

Generated on 16/04/2013 11:15 AM

Pack Type	Picture	Regular Medication	Generic Name (Brand Name)	Prescribed as	Route	Dose / Frequency	Start Date	Ceased Date	Dr Sign	Med Change Next Pack (Thu) Y N
P		CHOLECALCIFEROL (VITA D 1,000IU 60'S CAPS) 1,000 CAP			O	Take ONE capsule in the morning	08/01/2013			
P		SIMVASTATIN (SIMVASTATIN (APO)) 40mg TAB			O	Take ONE tablet at night	08/01/2013			
P		PRASUGREL HYDROCHLORIDE (EFFIENT) 10mg TAB			O	Take ONE tablet in the morning on monday, wednesday and friday	08/01/2013			
P		RANITIDINE HCL (RANITIDINE GENRX) 300mg (base) TAB			O	Take ONE tablet at night	08/01/2013			
P		MIANSERIN (LUMIN 10) 10mg TAB			O	Take ONE tablet at night	08/01/2013			
P		DILTIAZEM (DILTIAZEM (GENRX)) 60mg TAB			O	Take ONE tablet TWICE daily	22/02/2013			
P		NICORANDIL (KOREL) 20mg, 60 TAB			O	Take ONE tablet TWICE daily	22/02/2013			
P		FRUSEMIDE (FRUSEMIDE (APO)) 40mg TAB			O	Take ONE tablet in the morning	04/03/2013			
P		DOCUSATE & SENNA (SOFLAX) 50mg/8mg TAB			O	Take TWO tablets TWICE daily	09/04/2013			
NP		POLYETH GLYCOL 400/PROP GLYCOL (SYSTANE) 0.4% - 0.3%, 15mL EYE-DRP		EYE		Instill into the affected eye(s) THREE times a day - Discard contents 28 days after opening	09/04/2013			
NP		MACROGOL 3350 (MOVICOL) 13.125g + electrolyte SACH		O		Take the contents of ONE sachet in the morning	15/04/2013			
NP		REMOVE NITRO-DUR (REMOVE NITRO DUR) MISC/ PTCH		TOP		remove the patch at 8:00am	16/04/2013			
NP		GLYCERYL TRINITRATE (NITRO-DUR 5) 5mg PTCH		TOP		Apply ONE patch to the skin at 20:00pm and remove at 8:00am or as directed by your doctor	16/04/2013			

Pack Type	Picture	PRN (When Required) Medication	Generic Name (Brand Name)	Prescribed as	Route	Dose / Frequency	Start Date	Ceased Date	Dr Sign	Med Change Next Pack (Thu) Y N
P		TEMAZEPAM (TEMAZEPAM (APO)) 10mg TAB			O	Take ONE tablet at night when required to assist sleep	08/01/2013			
NP		LOPERAMIDE (GASTRO STOP LOPERAMIDE) 2mg CAP		O		Take ONE to TWO capsules when required up to TWO tablets TWICE daily for diarrhoea zz	08/01/2013			

Confirmed as Correct Profile Dr Sign: _____ Date: _____

Doctor Review: Signature _____ Date _____ Doctor Last Review Date: _____
 Pharmacist Review Date: _____
 Signature _____ Last Review Date: _____

Legends:
 Controlled Drug (S8) Red
 Cytotoxic Purple
 YOUR CHEMIST [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]
 Fax: [REDACTED]

Non Pack Shaded Blue
 Fridge

YOUR CHEMIST

 @yourchemist.net.au
 2011 MJB SmartMed Pty Ltd