Date	MEDICATION — DOSAGE AND FREQUENCY	Route/Site of Entry	On Hand	New Amount	Physician Signature

Date	PATIENT ABLE TO HANDLE OWN MEDICATIONS? ☐ Yes ☐ No	☐ Family ☐ Conservator ☐ Care Provider	*Physician Signature*
Site Code	PO — per orem IM — intramuscular	RA — right arm LA — left arm	RUOQ — right upper outer quadrant LUOQ — left upper outer quadrant

OUTPATIENT MEDICATION RECORD

Confidential Patient Information
See W&I Code 5328

NAME:

CHART NO.:

DOB:

PROGRAM: