Hospital Discharge Medication Prescription Format

Patient Information

Patient Name: _____

Age / Sex: _____

Hospital No: _____

Date of Admission: _____

Date of Discharge: _____

Ward/Unit: _____

Consultant: _____

Diagnosis

_____

Medication Prescription

#	Medication Name	Strength	Dosage	Route	Frequency	Duration	Special Instructions
1.							
2.							
3.							

Follow-up & Remarks

_____

_____

Prescribing Doctor (Name & Signature)

_____

Date