

Affix patient label

12030-9000	Male	1961-May-19	Report Generated:
Test Patient			2016-Nov-24 14:19:46

**This report has been generated based on the past 4 months of medications via Netcare. PLEASE NOTE: changes MAY have been made to list of medications since this report was generated. It may contain discontinued medications and does NOT contain any updated instructions received from a patient's physician. It is not inclusive for all items such as over the counter medications, herbal medications, drug samples or clinical trials or prescriptions from outside of the province of Alberta.**

Allergies:						<b>Emergency Department/Urgent Care Adverse Drug Event Screening</b> <input type="checkbox"/> High Risk Result <input type="checkbox"/> Low Risk					
<b>Information Sources – minimum one additional source:</b> <input type="checkbox"/> Patient/Caregiver interview (primary source where possible) <input type="checkbox"/> Interview not possible <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Unable to verify with a second source Reason: _____						<b>Prescriber Orders</b> It is the prescriber's responsibility to verify each medication (including dose and frequency) prior to processing. Please enter into electronic order entry system where applicable					
Medications  Add any additional prescriptions, over the counter and herbal medications including regular and PRN  <input type="checkbox"/> No Home Medications	Taken per Netcare	Complete if information is not taken per Netcare, incomplete or for patient medications not listed in Netcare			Time of last dose	Continue per Netcare	Continue per verified history	Discontinue	Hold	Change	Comments/Rationale for Discontinuations, Holds and Changes
		Dose	Route	Frequency							
<b>Metformin HCL (METFORMIN 500 MG TABLET)</b> 1 Tablet(s) Three times daily 2016-Oct-26 270 Tablet(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No										
<b>Insulin Glargine, Hum. Rec. Anlog (LANTUS (OPTISET) 100U/ML)</b> 1 Inject 24 units at bedtime 2016-Oct-26 3 Vials	<input type="checkbox"/> Yes <input type="checkbox"/> No										
<b>Carvedilol (CARVEDILOL 25 MG TABLET)</b> 1 Tablet(s) Two times daily Take with a meal 2016-Nov-08 180 Tablet(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No										
<b>Ticagrelor (BRILINTA 90 MG TABLET)</b> 1 Tablet(s) Two times daily 2016-Nov-08 180 Tablet(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Name/Designation:	Initials:		Date/Time:		<b>Prescriber Name:</b>						
Name/Designation:	Initials:		Date/Time:		<b>Signature:</b>						
					<b>Date:</b>			<b>Time:</b>			

Additional Comments:

