

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: _____

Information Sources – minimum one additional source:
 Patient/Caregiver interview (primary source where possible)
 Interview not possible
 Other (please specify) _____
 Unable to verify with a second source Reason: _____

**Emergency Department/Urgent Care
Adverse Drug Event Screening Result**
 High Risk
 Low Risk

Prescriber Orders
 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
		Dose	Route	Frequency	
Metformin HCL (METFORMIN 500 MG TABLET) 1 Tablet(s) Three times daily X 30 Day(s) 2016-Oct-08 30 Tablet(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Insulin Glargine, Hum. Rec. Analog (LANTUS (OPTISET) 100U/ML) Inject 24 units at bedtime 2016-Oct-26 3 Vials	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Carvedilol (CARVEDILOL 25 MG TABLET) 1 Tablet(s) Two times daily X 30 Day(s) Take with a meal 2016-Oct-08 30 Tablet(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Ticagrelor (BRILINTA 90 MG TABLET) 1 Tablet(s) Two times daily X 30 Day(s) 2016-Oct-08 60 Tablet(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Continue per Netcare	Continue per verified history	Discontinue	Hold	Change	Comments/Rationale for Discontinuations, Holds and Changes

Name/Designation:	Initials:	Date/Time:
Name/Designation:	Initials:	Date/Time:

Prescriber Name: _____

Signature: _____

Date: _____ **Time:** _____

Additional Comments:

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		Dose	Route	Frequency							
Ramipril/Hydrochlorothiazide (ALTACE HCT 10-12.5 MG TABLET) take once a day 2016-Oct-08 30 Tablet(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Rosuvastatin Calcium (ROSUVASTATIN 20 MG TABLET) 1 Tablet(s) once a day dispensing information not available	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Insulin Aspart (OVORAPID 100 UNIT/ML CART) Inject 1 dose three times a day as directed 2016-Sep-26 45 Cartridge(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Colchicine (COLCHICINE 0.6 MG TABLET) Two times daily (BID) 2016-Sep-26 30 Tablet(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No										

Name/Designation:	Initials:	Date/Time:
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Prescriber Name:

Name/Designation:	Initials:	Date/Time:
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Signature:

Date:	Time:
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Orders/Copies sent to:
 Pharmacy or Entered into electronic order entry system Time: _____
 Primary Care Provider
 Community Pharmacy
 Home Care
 Updated medication list provided to patient or caregiver

Additional Comments:

