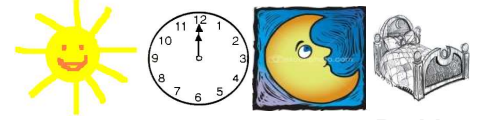


**DISCHARGE MEDICATIONS**

**CONTINUE THESE MEDICATIONS AT HOME**



Medication	Dose	Route	Frequency	Morning	Noon	Evening	Bedtime
<b>*NEW MED*</b> acetaminophen-HYDROcodone 500 mg-7.5 mg - ( <b>Lortab 7.5/500</b> )	<b>1 tab</b>	By Mouth	EVERY SIX (6) HOURS AS NEEDED	✓	✓	✓	✓
Indication: pain Used For: Treats moderate to moderately severe pain. This medicine contains a narcotic pain reliever.							
<b>*NEW MED*</b> acetaZOLAMIDE - ( <b>Diamox</b> )	<b>250 mg</b>	By Mouth	ONCE A DAY	✓			
Notes: test notes to patient Used For: Treats glaucoma, certain types of epilepsy, mountain sickness, and other conditions. Belongs to a group of drugs called carbonic anhydrase inhibitors.							
<b>*NEW MED*</b> captopril - ( <b>Capoten</b> )	<b>12.5 mg</b>	By Mouth	THREE (3) TIMES A DAY	✓	✓	✓	
Used For:							
<b>*NEW MED*</b> furosemide - ( <b>Lasix</b> )	<b>40 mg</b>	By Mouth	ONCE A DAY	✓			
Used For: Treats fluid retention (edema) and high blood pressure (hypertension). This medicine is a diuretic (water pill).							
<b>*NEW MED*</b> rosuvastatin - ( <b>Crestor</b> )	<b>10 mg</b>	By Mouth	AT BED TIME				✓
Used For: Lowers high cholesterol and triglyceride levels in the blood. Helps prevent heart attack or other problems. Helps keep atherosclerosis (hardening of the arteries) from getting worse. This medicine is an HMG-CoA inhibitor, also called a statin.							
amLODIPine-olmesartan 5 mg-40 mg - ( <b>Azor</b> , <b>1 tab</b> )		By Mouth	ONCE A DAY	✓			
ARIPiprazole - ( <b>Abilify</b> )	<b>5 mg</b>	By Mouth	ONCE A DAY	✓			
atorvastatin - ( <b>Lipitor</b> )	<b>10 mg</b>	By Mouth	AT BED TIME				✓
ciprofloxacin By Mouth 500 mg TAB - ( <b>Cipro</b> )	<b>500 mg</b>	By Mouth	THREE (3) TIMES A DAY	✓	✓	✓	
clopidogrel - ( <b>Plavix</b> )	<b>75 mg</b>	By Mouth	ONCE A DAY	✓			
digoxin By Mouth 250 mcg TAB - ( <b>Lanoxin</b> )	<b>250 mcg</b>	By Mouth	ONCE A DAY	✓			
potassium cl er 10 meq tablet - ( <b>Klor-Con 10</b> , <b>10 mEq</b> )		By Mouth	TWICE A DAY	✓		✓	

Brand name shown is for reference only, and may not be the actual brand dispensed.

**Completed and signed original to patient; completed and signed copy to chart.**

Date/Time: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_

Prescriptions called to: \_\_\_\_\_  
(Pharmacy name)

Patient Signature: \_\_\_\_\_

**DISCHARGE MEDICATION**

**HCSDEMO** 241115  
**HCSDEMO, HCS**  
DOB: 12/3/46  
Room: TRAIN Height: 200.00 cm Weight: 80.00 kg



**VALLEY CARE HEALTH SYSTEM**

5555 W. Las Positas Blvd  
Pleasanton, CA 94588

**DISCHARGE MEDICATIONS**

**DO NOT TAKE THESE MEDICATIONS AS PREVIOUSLY TAKEN AT HOME**  
Your medication(s) may have been discontinued by your physician OR  
your dose or directions may have changed

<b>Medication</b>	<b>Dose</b>	<b>Route</b>	<b>Frequency</b>
selegiline <b>(Carbex)</b>	5 mg	By Mouth	TWICE A DAY
furosemide <b>(Lasix)</b>	20 mg	By Mouth	ONCE A DAY
lovastatin <b>(Mevacor)</b>	40 mg	By Mouth	ONCE A DAY
furosemide <b>(Lasix)</b>	20 mg	By Mouth	TWICE A DAY
acetaminophen-HYDROcodone 500 mg-5 mg <b>(Vicodin)</b>			
acetaZOLAMIDE <b>(Diamox Sequels)</b>	500 mg	By Mouth	ONCE A DAY

**DO NOT CONTINUE**

Brand name shown is for reference only, and may not be the actual brand dispensed.

**Completed and signed original to patient; completed and signed copy to chart.**

Date/Time: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_

Prescriptions called to: \_\_\_\_\_  
(Pharmacy name)

Patient Signature: \_\_\_\_\_

**DISCHARGE MEDICATION**

<b>HCSDEMO</b>	241115
<b>HCSDEMO, HCS</b>	
DOB: 12/3/46	
Room: TRAIN	Height:200.00 cm    Weight:80.00 kg



**VALLEY CARE HEALTH SYSTEM**

5555 W. Las Positas Blvd  
Pleasanton, CA 94588

**DISCHARGE MEDICATIONS  
DISCHARGE PRESCRIPTIONS**

Patient: HCSDEMO, HCS DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Ht: 200.0 cm Wt: 80.0 kg  
Allergies: Unavailable

Medication	Dose	Route	Frequency	Quantity	Refills
ciprofloxacin <i>Cipro</i>	500 mg	By Mouth	THREE (3) TIMES A DAY	30	0
captopril <i>Capoten</i>	12.5 mg	By Mouth	THREE (3) TIMES A DAY	30	0
ARIPiprazole <i>Abilify</i>	5 mg	By Mouth	ONCE A DAY	30	0

**Additional Prescriptions (cross out all remaining blank lines):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician Signature Date

\_\_\_\_\_  
Print Physician Name

DEA # \_\_\_\_\_ State License # \_\_\_\_\_

Phone # \_\_\_\_\_

Brand name shown is for reference only, and may not be the actual brand dispensed.

**Completed and signed original to patient; completed and signed copy to chart.**

Date/Time: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_

Prescriptions called to: \_\_\_\_\_  
(Pharmacy name)

Patient Signature: \_\_\_\_\_

**DISCHARGE MEDICATION**

**HCSDEMO** 241115  
**HCSDEMO, HCS**  
DOB: 12/3/46  
Room: TRAIN Height:200.00 cm Weight:80.00 kg