



## DOCTOR'S OFFICE ESCORT FORM

### OFFICE VISIT:

Doctor Name: \_\_\_\_\_ Type: \_\_\_\_\_

Visit Date/Time: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

Directions: \_\_\_\_\_

\_\_\_\_\_

### DOCTOR'S INSTRUCTIONS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### NEXT/FOLLOW-UP VISIT:

Visit Date: \_\_\_\_\_

Visit Time: \_\_\_\_\_

# PRESCRIPTION MEDICATION FORM

## DOCTOR'S INSTRUCTIONS-PRESCRIPTION MEDICINES:

- 1) Medicine Name: \_\_\_\_\_  
Is this a brand name? \_\_\_\_ or generic? \_\_\_\_ Is a generic available? \_\_
  
- 2) Why is this medicine needed? \_\_\_\_\_
  
- 3) When should medicine be taken? \_\_\_\_\_ For how long?  
\_\_\_\_\_
  
- 4) How should medicine be taken? \_\_\_\_\_  
(with meals? on empty stomach? with water?)
  
- 5) Any side effects? \_\_\_\_\_  
If any occur, what to do \_\_\_\_\_
  
- 6) Is this prescription safe with other prescribed medicines/over-the-counter  
medicines? \_\_\_\_\_  
\_\_\_\_\_
  
- 7) Any food/drink to avoid while taking this medicine? \_\_\_\_\_
  
- 8) What to do if miss a dose? \_\_\_\_\_  
Or take too much at one time? \_\_\_\_\_

## **PHARMACY:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

- 1) Any written info on medicine (in large print?): \_\_\_\_\_
  
- 2) What are most important things to know about this medicine? \_\_\_\_\_  
\_\_\_\_\_
  
- 3) Any refills? \_\_\_\_\_ If so, how many? \_\_\_\_\_
  
- 4) How should medicine be stored? \_\_\_\_\_