Date:		
Date		

Time Received: _____

Discharge Medication Routing Form (Tube #46)

Patient Name:		Unit:	_ Room #:	
Patient DOB:	<u> </u>	Pharmacist N	ame & Ext:	
	☐ Delivery	□ Pick-up		
Expecte	ed Discharge/Deliv	very Time:		
☐ Counseling completed	by the PHARMACIST .			
☐ Counseling will be con	mpleted upon delivery of	medications.		
☐ Counseling will be pro	vided by the nurse and pt	MUST pick up in the	pharmacy	
Notes:				
			Time R	eceived:
				Data
				Date:
Dischar	ge Medication R	Routing Form		Date:
Dischar	ge Medication F	Routing Form		Date:
Dischar Patient Name:		G		
Patient Name:		Unit:	(Tube #46) _ Room #:	
		Unit:	(Tube #46)	
Patient Name:		Unit:Pharmacist N	(Tube #46) _ Room #:	
Patient Name: Patient DOB:		Unit: Pharmacist N □ Pick-up	(Tube #46) _ Room #:	
Patient Name:Patient DOB: Expecte	 □ Delivery ed Discharge/Deliv	Unit: Pharmacist N □ Pick-up	(Tube #46) _ Room #:	
Patient Name: Patient DOB:	☐ Delivery ed Discharge/Delivery by the PHARMACIST.	Unit: Pharmacist N □ Pick-up very Time:	(Tube #46) _ Room #:	
Patient Name: Patient DOB: Expected Counseling completed	☐ Delivery ed Discharge/Delivery by the PHARMACIST. mpleted upon delivery of the properties of the	Unit: Pharmacist N □ Pick-up very Time: medications.	(Tube #46) _ Room #:	
Patient Name: Patient DOB: Expected Counseling completed Counseling will be con	☐ Delivery ed Discharge/Delivery by the PHARMACIST. mpleted upon delivery of the properties of the	Unit: Pharmacist N □ Pick-up very Time: medications.	(Tube #46) _ Room #:	