
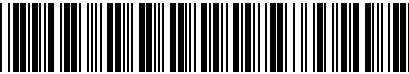


<p>Fraser Health Authority</p> <p style="text-align: center;">DISCHARGE PRESCRIPTION (MedRec)</p> <p style="text-align: center;">***Take to your Pharmacy***</p>  <p>DRDO106796B Rev: Jul 5, 2017 Page 1 of 3</p>	<p>PHATEST, MEDREC</p> <p>BD:05/06/1970 GND:F AGE:46Y PHN: 9878574984 Unit#:RC00003373</p> <p>Admitted: 29 AUG/16 ADM: Hospitalist, FAM: MEDITECH,WENDY B MRP/ATT: Hospitalist, Account # RC000100/16</p> 
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REVIEW ADMISSION MEDREC DOCUMENTATION Contact Family Physician for subsequent refills

Special Dispensing instructions: _____



Fax to (Pharmacy): _____ Fax Number: _____

Fax to (Family Physician): _____ Fax Number: _____

Allergies: Sulfamethoxazole, Trimethoprim

SCHEDULED Medication Orders as of Jul 20, 2017 10:45 am	Discharge Orders
<p>ATORVASTATIN TAB (LIPITOR) Rationale:</p> <p>20 MG PO PM CC</p> <p>SUBSTITUTED for: rosuvastatin 10 mg per FHA Policy</p>	<p><input type="checkbox"/> Continue Qty: Refill:</p> <p><input type="checkbox"/> No Rx Needed <input type="checkbox"/> Discontinue</p> <p>Check for autosub per FH policy</p>
<p>HYDROMORPHONE SR CAP Rationale:</p> <p>3 MG PO Q12H</p>	<p><input type="checkbox"/> Continue Qty: Refill:</p> <p><input type="checkbox"/> No Rx Needed <input type="checkbox"/> Discontinue</p> <p>Requires DUPLICATE prescription form Requires Pharmacare Special Authority</p>
<p>METOPROLOL TAB (Metoprolol-L, Betaloc) Rationale:</p> <p>25 MG PO BID</p> <p>* On HOLD from May 3, 2017 to no end date*</p>	<p><input type="checkbox"/> Restart on: _____ Qty: Refill:</p> <p><input type="checkbox"/> No Rx Needed <input type="checkbox"/> Discontinue</p>
<p>predniSONE TAB Rationale:</p> <p>See SCHEDULE BELOW for TAPERING DOSE</p> <p>30 MG (6 TABS) PO DAILY Jul 01-0800 to Jul 08-0759 25 MG (5 TABS) PO DAILY Jul 08-0800 to Jul 15-0759 20 MG (4 TABS) PO DAILY Jul 15-0800 to Jul 22-0759 15 MG (3 TABS) PO DAILY Jul 22-0800 to Jul 29-0759 10 MG (2 TABS) PO DAILY Jul 29-0800 to Aug 05-0759 5 MG (1 TAB) PO DAILY Aug 05-0800 to Aug 12-0759 STOP: Aug 12, 2017 at 0759h</p>	<p><input type="checkbox"/> Continue Qty: Refill:</p> <p><input type="checkbox"/> No Rx Needed <input type="checkbox"/> Discontinue</p> <p>Enter new Stop date if desired: Rewrite taper schedule if needed</p>
<p>fluoxetine 1 mg/mL oral liq Rationale:</p> <p>40 mg (40 mL) PO HS</p> <p>COMPOUNDED Preparation:</p> <p>SIMPLE SYRUP 30 ML FLUOXETINE LIQ 40 MG</p>	<p><input type="checkbox"/> Continue Qty: Refill:</p> <p><input type="checkbox"/> No Rx Needed <input type="checkbox"/> Discontinue</p>
<p>TESTOSTERONE ENANTHATE INJ (DELATESTRYL) Rationale:</p> <p>200 MG IM MONTHLY</p> <p>Next dose due: Jul 29, 2017 at 1000h</p>	<p><input type="checkbox"/> Continue Qty: Refill:</p> <p><input type="checkbox"/> No Rx Needed <input type="checkbox"/> Discontinue</p> <p>Requires Pharmacare Special Authority</p>
<p>ceFAZolin 1,000 MG Rationale:</p> <p>in DEXTROSE 5% BAG 50 ML</p> <p>IV Q8H.</p> <p>STOP: Jul 30, 2017 at 1359h</p>	<p><input type="checkbox"/> Continue Qty: Refill:</p> <p><input type="checkbox"/> No Rx Needed <input type="checkbox"/> Discontinue</p> <p>Enter new Stop date if desired:</p>


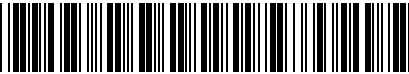
DATE(dd/mmm/yyyy)	Time	Prescriber Signature	Printed Name and College ID#
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Allergies: Sulfamethoxazole, Trimethoprim

PRN Medication Orders as of Jul 20, 2017 10:45 am	Discharge Orders
<p>salbutamol 100 mcg/puff INHA 2 puffs INHALED Q4H PRN</p> <p style="text-align: right;">Rationale:</p>	<p><input type="checkbox"/> Continue Qty: Refill: <input type="checkbox"/> No Rx Needed <input type="checkbox"/> Discontinue</p>
<p>zopiclone TAB 7.5 MG PO HS PRN</p> <p style="text-align: right;">Rationale:</p>	<p><input type="checkbox"/> Continue Qty: Refill: <input type="checkbox"/> No Rx Needed <input type="checkbox"/> Discontinue Requires Pharmacare Special Authority</p>

DATE(dd/mmm/yyyy)	Time	Prescriber Signature	Printed Name and College ID#
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Rev: Jul 5, 2017 Page 3 of 3	

Allergies: Sulfamethoxazole, Trimethoprim

Additional orders/instructions with rationale (cross out unused lines):	
	Qty: Refill: <input type="checkbox"/> No Rx Needed
	Qty: Refill: <input type="checkbox"/> No Rx Needed
	Qty: Refill: <input type="checkbox"/> No Rx Needed
	Qty: Refill: <input type="checkbox"/> No Rx Needed
	Qty: Refill: <input type="checkbox"/> No Rx Needed
	Qty: Refill: <input type="checkbox"/> No Rx Needed

Stop taking the following HOME medications (cross out unused lines):	Reason:

DATE(dd/mmm/yyyy)	Time	Prescriber Signature	Printed Name and College ID#
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