Department of Veterans Affairs

AMBULATORY/OUTPATIENT CARE MEDICATION FLOW SHEET

MEDICATION/DOSE FREQUENCY/NUMBER	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION TREATMENT FACILITY

NOTE: If change in dose, discontinue (D/C) original and start new dose on new line.
If medication is discontinued, enter D/C.

CODE: X3 = Prescribed for I month with 3 renewal times,
X2 = Prescribed for I month with 2 renewal times.

MEDICAL RECORD

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