995 Worthington Street, Springfield, MA 01109
Telephone 413-734-5376 FAX 413-737-7949

Medication Log In Sheet

Medication Tracking Sheet for: _____ Program_____

Instructions:

1. Check new pills with old pills, if available, for size and color. Due to generics pill shape and color may change frequently, call pharmacy for verification if different
2. Check new medication with doctor's order.
3. Check new medication with Med Sheet.
4. Verify and document discrepancies using the following MAP consultants: the pharmacist, or MHA nursing. Document below. Contact or leave a voice mail for the following: MHA nursing, Program Supervisor.

Date	RX#	Medication/Strength	Dose/ Frequen	# Refi lls	Am t. Rec	Date Refill called	Staff Signature

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