

MEDICATION CHANGE FORM

Dear: _____ Date: _____

Dr. _____ has made the following changes to your medications:

If this is a change in your dose, your prescription bottle or bubble pack will have the old dose until you pick up a refill. Please take the medication as listed above. This change has been sent to your pharmacy. If this is a new medication, the prescription can be picked up from your pharmacy or you can call your pharmacy to arrange delivery.

MRP Staff Signature _____

MRP Staff: Document on the outpatient prescription "Med Change Form provided".

*Prepared by: Lori Wazny, Pharm.D., Oct. 2011,
updated May 2016, April 2018*

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