WELLSTAR
Northwest Georgia Oncology Centers
A Service of WellStar Cobb Hospital

Medication Log

Use this form to keep a record of all prescribed medications. Talk to your provider or your pharmacist if you have any questions regarding your medications or if you're experiencing unexpected complications or side effects.

- *If medication or treatment prescribed by your physician doesn't seem to help the problem, please let your provider know.*
- *Please check your medications at the beginning of each week to make sure you will have enough until your next visit.*
- *Please allow a 24hour notice for prescription refills.*
- *Pain medications require a written prescription from your physician and cannot be refilled on weekends or after office hours*

Patient Name: _____ Date of Birth: _____

Date form completed: _____

Medication Name: _____ Prescription #: _____

Date Prescribed: _____ Prescribing Doctor: _____

Dosage: _____ Date Started: _____ Date Ended: _____

Reason Prescribed: _____

Notes: _____

Side Effects experience: _____

Medication Name: _____ Prescription #: _____

Date Prescribed: _____ Prescribing Doctor: _____

Dosage: _____ Date Started: _____ Date Ended: _____

Reason Prescribed: _____

Notes: _____

Side Effects experience: _____

Patient Name: _____ Date of Birth:_____

Date form completed: _____

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Dosage: _____ Date Started: _____ Date Ended: _____

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Notes: _____

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Date Prescribed: _____ Prescribing Doctor: _____

Dosage: _____ Date Started: _____ Date Ended: _____

Reason Prescribed: _____

Notes: _____

Side Effects experience: _____

Medication Name: _____ Prescription #: _____

Date Prescribed: _____ Prescribing Doctor: _____

Dosage: _____ Date Started: _____ Date Ended: _____

Reason Prescribed: _____

Notes: _____

Side Effects experience: _____