

A STEWARD FAMILY HOSPITAL

## Steward

**Allergies:** (If None So Indicate)

☐ NONE

### PATIENT IDENTIFICATION

☐ Patient takes no medications

**U, IU, QD, QOD, Trailing zero (X.0 mg), Lack of leading zero, (.X mg) MS, MSO4, MgSO4**

[illegible]

List prepared by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

MD/PA/NP Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_