

**Company Name**  
*"Catch Phrase"*

**PATIENT MEDICATION TEACHING SHEET**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medication: \_\_\_\_\_

This Medication is used for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your prescribed dose is: \_\_\_\_\_

Common Side Effects of this medication include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Instructions for this medication includes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please ask any questions that you may have regarding your medications to your nurse.

Nurse Signature: \_\_\_\_\_