MEDICATION LIST

Student ____________________________ Clin. Dates ______________ Pt _____________ Rm _______

DRUG: Generic Name & Form of drug	DRUG: Trade Name	ORDER: Dose/Route/Time	CLASSIFICATION

DRUG: Generic Name & Form of drug	DRUG: Trade Name	ORDER: Dose/Route/Time	CLASSIFICATION

The student must have a completed drug card for each medication that will be administered during their clinical shift.