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# OUTPATIENT DETOXIFICATION PROGRAM TAKE HOME MEDICATION SHEET #3

*Your physician has ordered the following medications for you. Please take them as ordered.*

**RETURN ANY UNUSED MEDICATIONS TO THE NURSE WHEN YOU ARRIVE TO THE PROGRAM, TOMORROW**

MEDICATION	DATE(S) PRESCRIBED				STRENGTH, COLOR & SHAPE	REASONS FOR TAKING MEDICATION(S)	DIRECTIONS FOR TAKING MEDICATION(S)
	Date 1	Date 2	Date 3	Date 4			
<b>Serax:</b>  ____ capsule(s)					<b>15 mg.</b>  Orange & white - or - White capsule	Physical & psychological withdrawal symptoms, such as: irritability, anxiety, restlessness, cravings, drug dreams, tremors and/or sweating.	Take 1 capsule(s) every 6 - 8 hours, as needed
<b>Ambien:</b>  <u>  1  </u> tablet					<b>10 mg.</b>  White oval tablet	Inability to go to sleep -or- remain asleep	Take at bedtime. <b>DO NOT TAKE            AFTER 2:00AM</b>
<b>Other Meds:</b>  _____ _____ _____							
<b>Other Meds:</b>  _____ _____ _____							
<b>Other Meds:</b>  _____ _____ _____							

**MY MEDICATIONS HAVE BEEN EXPLAINED TO ME,  
AND I'VE BEEN GIVEN THE OPPORTUNITY TO ASK  
QUESTIONS.**

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE