

SHORT TERM MEDICATION LOG

Participant Name: _____

This form is to be used to log dates and times of new (**short-term**) prescribed medications and over-the-counter (OTC) medications, i.e. post-op pain control, allergy medicines, cough/cold medicines, etc. If OTC medication must be taken for a prolonged period of time (72 hours or longer), the participant must obtain a doctor's note for the medication and provide it to OPHP. **Copies of all prescriptions must be sent to OPHP.** This may be in the form of a copy of the prescription or a picture of the bottle.

DATE/TIME	MEDICATION/DOSAGE	REASON TAKEN	PRESCRIBING PHYSICIAN (IF APPLICABLE)
<i>Example: 8/20/15 7:00 PM</i>	<i>Benadryl OTC 50 MG</i>	<i>Seasonal Allergies</i>	<i>N/A</i>

Participant Signature

Date