Carteret General Hospital
3500 Arendell Street
Morehead City, NC 28557

PATIENT MEDICATION LIST

Name:_____ **Date of Birth:** _____
Age: _____ **Telephone #:** (____)____- _____
Emergency Contact Person:_____
Relationship:_____ **Telephone #:** (_____) _____-
_____
Physician Name:_____ **Telephone #:** (_____) _____-_____
Drug Allergies:_____
_____

Medication	Dosage	Time/Day	Comments

CARTERET GENERAL HOSPITAL
Making A Difference In Your Life

Carteret General Hospital, in accordance with the National Patient Safety Goals, asks that patients maintain and carry a complete, up-to-date list of their medications with them at all times.

Please fill-in this list and give it to your physician and/or the Hospital staff upon your arrival. This will help your healthcare team to provide a safe course of medical treatment.