

**IM2 Medication Information Sheet**

**Pt. Initials** \_\_\_\_\_ **Admit date** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Medication:**

**Reason THIS Patient is Taking it:**

**Mechanism of Action:**

**Common Side Effects:**

**Adverse Reactions:**

**Required Labs:**

**Additional Information:**