Resident Name _____ Medical Record # _____

JAMES L. WEST CENTER for DEMENTIA CARE
Medication List

All Medication must be in their original packaging and the medication cannot be expired.

Medication	Time	Number of pills remaining in packaging
Example: Lasix 40 mg 1 tab	8:00 am	5

_____
Family Signature Arrival Date

_____
JLW Representative Date

Effective 4-11-2022