



1105 Sixth Street, Traverse City, MI 49684-21386, (231) 935-5000

Patient Name _____ Date: _____

Address _____

Beta Blocker

Not indicated at this time due to: _____

Refills: 0 1 2 3

Ace Inhibitor / ARB's

Not indicated at this time due to: _____

Refills: 0 1 2 3

Anti-Platelet

Not indicated at this time due to: _____

Refills: 0 1 2 3

Cholesterol Lowering Agent

Not indicated at this time due to: _____

Refills: 0 1 2 3

Place Patient Label Here

Prescribing Physician Signature _____
Prescribing Physician Name (Print) _____
If physician extender, print physician license working under _____

CORONARY ARTERY DISEASE DISCHARGE PRESCRIPTIONS