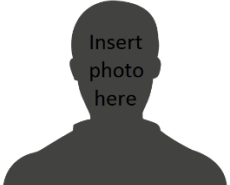


Medication Administration Record

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
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Stop date:																																				
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Stop date:																																				

ORDERS, MEDICATION NOTES AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FROM _____ THROUGH _____

PHYSICIAN		TELEPHONE NO.		
ALT. PHYS.		ALT. TELEPHONE		
ALLERGIES		ADMISSION DATE		
MAINECARE NUMBER		MEDICARE NUMBER		
DIAGNOSIS				
ENTRIES CHECKED BY:			TITLE:	
DOUBLE-CHECKED BY:			TITLE:	
RESIDENT	DATE OF BIRTH	RESIDENT CODE	ROOM NO.	BED
				FACILITY CODE

INSTRUCTIONS: A. Put initial in appropriate box when medication given. RESULTS CODES: 1. Effective INJECTION/PATCH SITE CODES: 1. Right Dorsal Gluteus 9. Right Upper Arm

