

MEDICAL RECORD	MEDICATION ADMINISTRATION RECORD
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SCHEDULED DRUGS	MONTH _____ 19 _____ DATES
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ORDER DATE	MEDICATION-DOSAGE-FREQUENCY ROUTE OF ADMINISTRATION	HOURS						

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE

ADDRESSOGRAPH PLATE		WARD NO.
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- Injection Site Code
- ① = Left Buttock Ⓞ = Left Leg
 - ② = Right Buttock Ⓢ = Right Leg
 - ③ = Left Deltoid Ⓡ = Left Arm
 - ④ = Right Deltoid Ⓦ = Right Arm
 - Ⓢ = Abdomen

**SINGLE DOSE,
PRE-OP PRN
& VARIABLE
DOSE ORDERS**

