

# MEDICATION RECORD

Last Name \_\_\_\_\_ Init. \_\_\_\_ First Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_  
 Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rx MEDICATIONS	Rx #1	Rx #2	Rx#3	Rx#4
Name of medication				
Med dosage ordered by MD				
Number of pill, tsbp., etc. to be given				
Date Start				
Date end				
Physician authorizing				
Staff person transcribing order				
Date discontinued				

Instructions: Initial in appropriately dated block when medication is given. Record the actual time medication is given if different from time indicated above under dosage. **If unable to administer medicine, enter and circle the appropriate disposition code below.**

Name of Rx	Hour given	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Name of Rx	Hour given	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

**DISPOSITION CODE:**

**A** = Away from program                      **R** = Refused  
**NMA** = No Medicine available              **D** = Destroyed  
**O** = Other