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Medication Administration Record (MAR)

PERSON'S NAME	DATE OF BIRTH	PROVIDERONE NUMBER						

ALLERGIES	epartment of Social and Health Services					for	Mon	th	Υ	'ear																					
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MEDS	TIME	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	28	29	30	31
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Follow prescribers' orders for medication times and approved person-centered medication administration times.

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Medication Administration Record (MAR)

PERSON'S NAME	

PROVIDERONE NUMBER

for Month

Year

General Medication Times: Daily: 8a Twice per day: 8a and 8p

Three times per day: 8a, 12p, and 8p

Four times per day: 8a, 12p, 4p, and 8p

DATE OF BIRTH

In the event a person declines or misses medication, contact: Medication Refusals (R), Missed Medications (M), and PRN Notes Date / Time **Medication Name and Dose** Reason **Results / Notifications Made** Staff Name / Initials

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