

MEDICATION CHART

FACILITY

PHARMACY

[Empty box for Facility Name]

[Empty box for Pharmacy Name]

Admit Date: _____

Pg: 1 of 1

Facility RP Pg#: 1

PATIENT NAME	DATE OF BIRTH	SEX	MO	YEAR
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RX#: _____ Dr: _____ Drug: _____ Sig: _____ Brand Name: _____	HOURL	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	
	RX#: _____ Dr: _____ Drug: _____ Sig: _____ Brand Name: _____																																
RX#: _____ Dr: _____ Drug: _____ Sig: _____ Brand Name: _____																																	
RX#: _____ Dr: _____ Drug: _____ Sig: _____ Brand Name: _____																																	

DIAGNOSIS & COMMENTS

ALLERGIES

PRIMARY CARE PHYSICIAN (PCP)
Dr: _____
PCP PHONE _____
PCP DEA _____

Date	Time	Initials	Medication	Route of Medication	Reason	Result	Time	Initials

Day	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
Temp																															
Pulse																															
Blood Pressure																															
Weight																															
Blood SugarAM																															
Blood SugarPM																															

	Initials	Staff's Signature		Initials	Staff's Signature
1				1	
2				2	
3				3	
4				4	

R - Refused

H - Held at Doctor's Request









A - Individual Out of Facility

W - Individual at Work








DC - Discontinue

LEGENDCARE PHARMACY

TIME CHART

7 AM - 10 AM		Pink		8 PM - 10 PM	Gray
11 AM - 1 PM		Yellow		11 PM - 6 AM	Purple
2 PM - 4 PM		Green		PRN	Red
5 PM - 7 PM		Orange		CONTROLLED	Blue

TIME PASS CHECKLIST

	Right Resident		Right Dosage and Amount
	Right Time and Date		Right Route of Administration
	Right Medication		Right Documentation
	Right MAR		

LEGENDCARE PHARMACY

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HOURS OF OPERATION

Monday - Friday 9 - 5 pm