

Standard Dosage Timing:

BD 8 am - 8 pm / 10 am - 10 pm, TDS 6 am - 2 pm - 10 pm, 8am - 4pm - 12 midnight, QDS 6 am - 12 Noon - 6 pm - 12 midnight

REGULAR MEDICATIONS:

Filled by Doctors Only					Filled by Nursing Staff									
MAR by CPT	Drug Name: TAB LOSAR			Standard Time	Date 3/10/24	Date 4/10/24	Date 5/10/24	Date _____		Date _____		Date _____		
	Generic Name: LOSARTAN				8am	Siddhi 8AM	Siddhi 8AM	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	
	Dose	Route	Frequency											
	50 mg	P/O	1-0-1											
	Special Instructions:													
	Start Date & Time	Consultant Name	Doctor's Sign. & ID											
	3/10 3pm	Dr KR AfD661												
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID											
MAR by CPT	Drug Name: TAB CILVIDIPIINE			Standard Time	Date _____	Date 4/10/24	Date 5/10/24	Date _____		Date _____		Date _____		
	Generic Name: CILVIDIPIINE							Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	
	Dose	Route	Frequency											
	5 mg	P/O	0-0-1											
	Special Instructions:													
	Start Date & Time	Consultant Name	Doctor's Sign. & ID											
	3/10 3pm	Dr KR AfD661												
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID											
MAR by CPT	Drug Name: INJ HUMINSULIN			Standard Time	Date _____	Date 4/10/24	Date 5/10/24	Date _____		Date _____		Date _____		
	Generic Name: INSULIN SOLUBLE				8am	Siddhi 8AM	Siddhi 8AM	Siddhi 8AM	Given	Siddhi 8AM	Given	Siddhi 8AM	Given	
	Dose	Route	Frequency											
	as per prescr	Subcut	1-1-1											
	Special Instructions:													
	Start Date & Time	Consultant Name	Doctor's Sign. & ID											
	3/10 3pm	Dr KR AfD661												
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID											
MAR by CPT	Drug Name: TAB CARBAMAZEPINE			Standard Time	Date _____	Date 4/10/24	Date 5/10/24	Date _____		Date _____		Date _____		
	Generic Name: CARBAMAZEPINE				10 am	Siddhi 10AM	Siddhi 10AM	Siddhi 10AM	Given	Siddhi 10AM	Given	Siddhi 10AM	Given	
	Dose	Route	Frequency											
	100 mg	P/O	1-0-1											
	Special Instructions:													
	Start Date & Time	Consultant Name	Doctor's Sign. & ID											
	3/10 3pm	Dr KR AfD661												
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID											
MAR by CPT	Drug Name: TAB SHELCAL			Standard Time	Date 4/10/24	Date 4/10/24	Date 5/10/24	Date _____		Date _____		Date _____		
	Generic Name: CALCIUM CARBONATE + VITAMIN D3							Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	
	Dose	Route	Frequency											
	500 mg	P/O	0-1-0											
	Special Instructions:													
	Start Date & Time	Consultant Name	Doctor's Sign. & ID											
	3/10 3pm	Dr KR AfD661												
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID											