

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

Filled by Doctors Only					Filled by Nursing Staff							
MAR by CPT	Drug Name:	Standard Time		Date _____	Date 12/11		Date _____	Date 13/11		Date _____	Date _____	
	Generic Name:	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	
	VITAMIN E LEVO CARNITINE											
	Dose 1 TAB RT Frequency 100 8am			8am								
	Special Instructions:											
	Start Date & Time 11/11/11 8am Consultant Name Dr. A. Halk Doctor's Sign. & ID #123456789											
Stop Date & Time Consultant Name Doctor's Sign. & ID												
					Standard Time		Date _____	Date _____		Date _____	Date _____	
	Drug Name:	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	
	Generic Name:											
	Dose	Route	Frequency									
	Special Instructions:											
	Start Date & Time Consultant Name Doctor's Sign. & ID											
	Stop Date & Time Consultant Name Doctor's Sign. & ID											
					Standard Time		Date _____	Date _____		Date _____	Date _____	
	Drug Name:	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	
	Generic Name:											
	Dose	Route	Frequency									
	Special Instructions:											
	Start Date & Time Consultant Name Doctor's Sign. & ID											
	Stop Date & Time Consultant Name Doctor's Sign. & ID											
					Standard Time		Date _____	Date _____		Date _____	Date _____	
	Drug Name:	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	
	Generic Name:											
	Dose	Route	Frequency									
	Special Instructions:											
	Start Date & Time Consultant Name Doctor's Sign. & ID											
	Stop Date & Time Consultant Name Doctor's Sign. & ID											
					Standard Time		Date _____	Date _____		Date _____	Date _____	
MAR by CPT	Drug Name:	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	
	Generic Name:											
	Dose	Route	Frequency									
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