

**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 _____	Date _____	Date _____	Time & Given by		Checked by	Time & Given by		Checked by	Time & Given by		Checked by	Time & Given by		Checked by	
	TAB AZATHIOPRINE																			
	Generic Name:																			
	Dose	Route	Frequency																	
	50 mg	P/o	q-0-1																	
	Special Instructions:																			
Start Date & Time	Consultant Name	Doctor's Sign. & ID																		
Stop Date & Time	Consultant Name	Doctor's Sign. & ID																		
4	Drug Name:	Standard Time		Date _____	Date 4/10/24	Date 5/10/24	Date _____	Date _____	Time & Given by		Checked by	Time & Given by		Checked by	Time & Given by		Checked by	Time & Given by		Checked by
	CAR. MECAMBIZON 0.0																			
	Generic Name:																			
	Dose	Route	Frequency																	
	(capsule) 86	86	0-0-0																	
	Special Instructions:																			
Start Date & Time	Consultant Name	Doctor's Sign. & ID																		
Stop Date & Time	Consultant Name	Doctor's Sign. & ID																		
5	Drug Name:	Standard Time		Date _____	Date 4/10/24	Date 5/10/24	Date _____	Date _____	Time & Given by		Checked by	Time & Given by		Checked by	Time & Given by		Checked by	Time & Given by		Checked by
	TAB PREGABANT																			
	Generic Name:																			
	Dose	Route	Frequency																	
	750mg	P/o	0-0-0																	
	Special Instructions:																			
Start Date & Time	Consultant Name	Doctor's Sign. & ID																		
Stop Date & Time	Consultant Name	Doctor's Sign. & ID																		
6	Drug Name:	Standard Time		Date _____	Date _____	Date _____	Date _____	Date _____	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																	
7	Drug Name:	Standard Time		Date _____	Date _____	Date _____	Date _____	Date _____	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																	