

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-DYTOR PLUS LS	Standard Time	Date _____	Date 12/11/24	Date 13/11/24	Date _____	Date _____	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by
	Generic Name:	PORSEMIDE + SPIRONOLACTONE												
	Dose	10/25mg	Route	RT	Frequency	(0AM)			10/25mg	8AM	10/25mg	10AM		
	Special Instructions:													
	Start Date & Time	11/11/24 8am	Consultant Name	Dr. Athale	Doctor's Sign. & ID	CD164								
	Stop Date & Time		Consultant Name		Doctor's Sign. & ID									
	Drug Name:	TAB-PRUVICT	Standard Time	Date _____	Date 12/11/24	Date 13/11/24	Date _____	Date _____	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by
	Generic Name:	PRUCALOPRIDE												
	Dose	2 mg	Route	RT	Frequency				2PM	10/25mg	2PM	10/25mg		
MAR by CPT	Special Instructions:													
	Start Date & Time	11/11/24 8am	Consultant Name	Dr. Athale	Doctor's Sign. & ID	CD164								
	Stop Date & Time		Consultant Name		Doctor's Sign. & ID									
	Drug Name:	SYP-CREMAFAN	Standard Time	Date _____	Date 12/11/24	Date _____	Date _____	Date _____	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by
	Generic Name:	LIQUID PARAFIN												
	Dose	25ml	Route	RT	Frequency									
	Special Instructions:	if constipation												
	Start Date & Time	11/11/24 8am	Consultant Name	Dr. Athale	Doctor's Sign. & ID	CD164								
	Stop Date & Time		Consultant Name		Doctor's Sign. & ID									
MAR by CPT	Drug Name:	MOISOL EYE DROP	Standard Time	Date 1	Date 12/11/24	Date 13/11/24	Date _____	Date _____	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by
	Generic Name:	HYDROXYPROPYL METHYLCELLULOSE		8AM					QAM		SOP			
	Dose	1 drop	Route	Eye drop	Frequency				8AM		8AM			
	Special Instructions:													
	Start Date & Time	11/11/24 8am	Consultant Name	Dr. Athale	Doctor's Sign. & ID	CD164								
	Stop Date & Time		Consultant Name		Doctor's Sign. & ID									
	Drug Name:	VENUSIA LOTION	Standard Time	Date _____	Date 12/11/24	Date 13/11/24	Date _____	Date _____	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by
	Generic Name:	MOISTURISER		8AM					QAM		SOP			
	Dose	As required	Route	Topical	Frequency				8AM		8AM			
MAR by CPT	Special Instructions:													
	Start Date & Time	11/11/24 8am	Consultant Name	Dr. Athale	Doctor's Sign. & ID	CD164								
	Stop Date & Time		Consultant Name		Doctor's Sign. & ID									