

**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									
<b>MAR by CPT</b>	Drug Name:			Standard Time	Date _____		Date _____		Date _____		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
	Dose	Route	Frequency											
	Special Instructions:													
	Start Date & Time	Consultant Name	Doctor's Sign. & ID											
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID											
	Drug Name:			Standard Time	Date _____		Date _____		Date _____		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
	Dose	Route	Frequency											
	Special Instructions:													
	Start Date & Time	Consultant Name	Doctor's Sign. & ID											
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID											
	Drug Name:			Standard Time	Date _____		Date _____		Date _____		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
	Dose	Route	Frequency											
	Special Instructions:													
	Start Date & Time	Consultant Name	Doctor's Sign. & ID											
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID											
	Drug Name:			Standard Time	Date _____		Date _____		Date _____		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
	Dose	Route	Frequency											
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	Start Date & Time	Consultant Name	Doctor's Sign. & ID											
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID											