

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:	MOZOL BYE DROPS	Standard Time	Date 7/11	Date 8/11/24	Date 9/11/24	Date 10/11/24	Date 11/11/24			
	Generic Name:	HYDROXYPROPYL METHYLCELLULOSE	6am	6/2 6am	NHR 6AM	6AM	6AM	6AM			
	Dose	1 drop	Route	both eyes	Frequency	1/1	1/1	1/1	1/1		
	Special Instructions:										
	Start Date & Time	11/10/24 8pm	Consultant Name	Dr. A. M. S. D.	Doctor's Sign. & ID						
	Stop Date & Time		Consultant Name		Doctor's Sign. & ID						
	Drug Name:	VENUSIA LOTION	Standard Time	Date 7/11	Date 8/11/24	Date 9/11/24	Date 10/11/24	Date 11/11/24			
	Generic Name:	MOISTURISER	6am	6/2 6AM	NHR 6AM	6AM	6AM	6AM			
	Dose	as required	Route	Local	Frequency	1/1	1/1	1/1	1/1		
Continued	Special Instructions:										
	Start Date & Time	9/10/24 4pm	Consultant Name	Dr. A. M. S. D.	Doctor's Sign. & ID						
	Stop Date & Time		Consultant Name		Doctor's Sign. & ID						
Continued	Drug Name:	CAP NEUREWINE	Standard Time	Date	Date 8/11	Date 9/11/24	Date 10/11	Date 11/11			
	Generic Name:	LONSUR									
	Dose	1 Capsule	Route	RT	Frequency	1/1	1/1	1/1	1/1		
	Special Instructions:										
	Start Date & Time	7/10/24 10:30pm	Consultant Name	Dr. A. M. S. D.	Doctor's Sign. & ID						
	Stop Date & Time		Consultant Name		Doctor's Sign. & ID						
	Drug Name:	TAB MET XL	Standard Time	Date 7/11	Date 8/11	Date 9/11/24	Date 10/11	Date 11/11			
	Generic Name:	METOPROLOL									
	Dose	100mg	Route	RT	Frequency	1/1	1/1	1/1	1/1		
Continued	Special Instructions:										
	Start Date & Time	20/10/24 1pm	Consultant Name	Dr. A. M. S. D.	Doctor's Sign. & ID						
	Stop Date & Time		Consultant Name		Doctor's Sign. & ID						
Continued	Drug Name:	NEB IPRAVENT	Standard Time	Date 7/11	Date 8/11	Date 9/11/24	Date 10/11	Date 11/11			
	Generic Name:	IPRATROPIUM BROMIDE									
	Dose	1 inhaler	Route	Neb	Frequency	1/1	1/1	1/1	1/1		
	Special Instructions:										
	Start Date & Time	21/10/24 10:30pm	Consultant Name	Dr. A. M. S. D.	Doctor's Sign. & ID						
	Stop Date & Time		Consultant Name		Doctor's Sign. & ID						