

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

Filed by Doctors Only				Filed by Nursing Staff											
MAR by CPT	Drug Name:	CAP. NUREWIRE		Standard Time	Date	Date 12/11		Date 13/11		Date 13/11		Date			
	Generic Name:	INOSINE MONOPHOSPHATE + AGMATINE + L-CAROSINE			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												
	1 CAP	RT	0-1-0												
	Special Instructions:				2pm										
	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID												
	Drug Name:	TAB. MET XL		Standard Time	Date	Date 12/11/24		Date 13/11		Date		Date			
	Generic Name:	METOPROLOL			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												
	25mg	RT	1-0-0												
	Special Instructions:				10am										
	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID												
	Drug Name:	1 PRAVENT RESPUL		Standard Time	Date	Date 12/11/24		Date 13/11		Date		Date			
	Generic Name:	1 PRATROPIUM BROMIDE			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												
	1 Respul	NEB	1-0-1												
	Special Instructions:				10am										
	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID												
	Drug Name:	TAB. DOLO		Standard Time	Date	Date 12/11/24		Date		Date		Date			
	Generic Name:	PARACETAMOL			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												
	650mg	RT	8-0-8												
	Special Instructions:														
	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID												
	Drug Name:	TAB. TETRAOL		Standard Time	Date	Date 12/11		Date 13/11		Date		Date			
	Generic Name:	CALCIUM HYDROXYLATE			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												
	1 TAB	RT	0-1-0												
	Special Instructions:				2pm										
	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID												