**Patient Sticker**

**MEDICATION ORDER FORM**

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Tick** | **Drug name/dose** | **Route** | **Frequency** |
|  | Cephalexin 500mg (1 tab) | PO | QID |
|  | Brufen 400mg (1 tab) | PO | TDS |
|  | Prodeine 500mg/10mg (2 tabs) | PO | QID |
|  | Chlorsig 1% Eye Ointment | TOPICAL | QID |
|  | ADT Booster Vaccination 0.5ml | IM | STAT |
|  | Twinrix Vaccination 1ml **1 2 3 4** | IM | STAT |
|  | Fluvax Vaccination 45ug/0.5ml | IM | STAT |
|  |  |  |  |

Ordered by: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Dr’s Name) (Dr’s Signature)

Administered by: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Nurse Name) (Nurse Signature)

|  |  |  |  |
| --- | --- | --- | --- |
| ***NURSING STAFF ONLY***   |  |  | | --- | --- | | * ***Right drug*** * ***Right individual*** * ***Right dose*** | * ***Right time*** * ***Right route*** * ***Right documentation*** | |  |