Advantage Communications

Medication Administration Record (MAR)

Name: DOB: _ Month: ____ Year: _____ Allergies: _ _____

Diagnosis: _ _____Physician:___ ___ _____Physician Number: _____

Medication/Form:																																
												Reason Given:																			Injection/patch site:	
Dose:	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Route:																																
Frequency:																																
Medication/Form:												Reason Given:																			Injection/patch Site:	
Dose:	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Route:																																
Frequency:																																
Medication/Form:												Reason Given:																			Injection/patch site:	
Dose:	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Route:																																
Frequency:																																
Medication/Form:												Reason Given:																			Injection/patch site:	
Dose:	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Route:																																

Advantage Communications

Medication Administration Record (MAR)

Name: DOB: _ Month: ____ Year: _____ Allergies: _ _____

Diagnosis: _ _____Physician:___ ___ _____Physician Number: _____

Frequency:																																

FLP Signature:	Sub Care Signature:

PRN and MEDICATION ERRORS						
DATE	TIME	INITIALS	MEDICATION	DOSE	EXPLANATION	RESULT