IHS-408
(1/89)

# MEDICATION ADMINISTRATION RECORD

Diagnosis: _____

Month: _____ Year: 19 ____ Dates Given

| Or. Date / Initials | Exp. Date / Time | Medication - Dosage - Frequency Route of Administration | Hr. | | | | | | | | | | | | | | |
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## PRN/Single Dose Medications

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