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			REACTION		UR No:					
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Orug (or other	r)	Heac	tion/Date Initials		Given I	Names:	DD		A VALIE	
					Addres	s:		PRESCRIPTION UNLESS IDENTIFIERS PRESENT		
					DOB:			Sex □	M □ F	-
					_	per to Print Patien	t			
1	Р	rint		Date		Name and Check Label Correct: Patient Weight (kg)				
	Hoen	vital.		,				Height (cn	1)	
Health Service						VARIABLE	DOSE C	hart No		of
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		onani.				RIABLE DO	DSAGE			
Medication (Print Gener	ric Name)								
Route			Indication/Di	irections						
Desired Res	ult		1			Pharmacy Use)			
Date	Time of	Dose	Drug Level	Time Level Taken	Pres	Prescriber		Nurse/Midwife Initials		Clinical
	Dose		/Result		Name	Signature	1st	2nd	Given	Pharmacist Review
This medica	ation cont	tinued on	new chart	Yes □ No	□ NIMC N	D O I	R Variable	Dose Chart	No.	
Medication (
Route			Indication/Di	irections						
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Date	· ·	Dooo	Drug Lovel Time Lovel		Brox			Nurse/Midwife Initials		Clinical
Date	Time of Dose		Drug Level /Result	Time Level Taken	Name	Signature	1st	2nd	Time Given	Pharmacist
					Ivaille	Signature	151	ZIIU		Review

This medication continued on new chart Yes
No NiMC No. _____ OR Variable Dose Chart No. _____

AFFIX PATIENT IDENTIFICATION LABEL HERE & OVERLEAF

MEDICATIONS WITH VARIABLE DOSAGE

Attach ADR Sticker

See front page for details

Year	20

AFFIX PATIENT IDENT	IFICATION LABEL HERE & OVERLEAF
UR No:	
Family Name: Given Names: Address:	NOT A VALID PRESCRIPTION UNLESS IDENTIFIERS PRESENT
DOB:	Sov 🗆 M 🗆 E

1st Prescriber to Print Patient
Name and Check Label Correct:.....

MEDICATIONS WITH VARIABLE DOSAGE

ivieulcation	(Pfifit Gene	iic ivallie)									
Route			Indication/Di	rections							
Desired Result						Pharmacy Use					
Date Time of Dose Dose		Dose	Drug Level	Time Level	Pres	Prescriber		Nurse/Midwife Initials		Clinical Pharmacist Review	
	/Result	Taken	Name	Signature	1st	2nd	Given				
This medi	cation con	tinued on	new chart	Yes □ No	☐ NIMC No) O F	Variable [Dose Chart	No		
Medication (Print Generic Name)											
Route			Indication/Di	rections							
Desired Re	esult					Pharmacy Use					
Date	Time of	Dose	Drug Level /Result	Time Level Taken	Pres	riber Nurse/Midwife Initials		Time	Clinical		
	Dose				Name	Signature	1st	2nd	Given	Pharmacist Review	