| A picture containing text, clipart  Description automatically generated | | | | **Medication Administration Record (MAR)**  for Month  Year | | | | | | | | | | | | | | | PERSON’S NAME | | | | | | | | | DATE OF BIRTH | | | | | | PROVIDERONE NUMBER | | | | | |
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| ALLERGIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDS | 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 | 28 | 29 | 30 | 31 |
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| Follow prescribers’ orders for medication times and approved person-centered medication administration times. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **General Medication Times: Daily: 8a Twice per day: 8a and 8p Three times per day: 8a, 12p, and 8p Four times per day: 8a, 12p, 4p, and 8p** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **In the event a person declines or misses medication, contact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medication Refusals (R), Missed Medications (M), and PRN Notes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date / Time** | | **Medication Name and Dose** | | | | | | | | | | **Reason** | | | | | | | | | **Results / Notifications Made** | | | | | | | | | | **Staff Name / Initials** | | | | | | | | |
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