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| **MAR Sheet Prepared by:** | | | | | | | **Date:** | | | | | | | | | | | **Checked By:** | | | | | | | | | | | **Date:** | | | | | | | | |
| **NAME:** | | | | | | | | | | | **DOB:** | | | | | | | | | | | | | | **DOCTOR:** | | | | | | | | | | | | |
| **ADDRESS:** | | | | | | | | | | | **ALLERGIES / DRUG SENSITIVITY: N/A** | | | | | | | | | | | | | |
| **MEDICATION PROFILE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ROUTE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MONTH:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **AM**  **DOSE:** | Stock carried forward | 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 |
| **DISPENSED BY** |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
| **COUNTER**  **SIGNED** |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
| **ADMINISTERED BY** |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
| **COUNTER**  **SIGNED** |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
| **MORNING STOCK CHECK** |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
| **SIGNED** |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
| **COUNTER**  **SIGNED** |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
| **PM**  **DOSE:** | 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 |
| **DISPENSED BY** |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
| **COUNTER**  **SIGNED** |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
| **ADMINISTERED**  **BY** |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
| **COUNTER**  **SIGNED** |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
| **TOTAL STOCK** |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
| **SIGNED** |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
| **COUNTER**  **SIGNED** |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
| **MEDICATION**  **BOOKED IN** |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
| REG 45 CHECK | STOCK CHECK | | |  | EXPIRY DATE | | | | |  | | CHECKED AND CORRECT | | | | | | |  | STOCK CARRIED FORWARD | | | | SIGNED | | | |  | | | COUNTER SIGNED | | | |  | | |

**LIST OF CODES: HC** = HOME CONTACT, **R** = REFUSED, **V** = VOMITTED, **SL** = SLEEPING, **H** = HOSPITALISED, **D** = DESTROYED, **SA** = SELF ADMINISTERED, **O** = OTHER (Define………………………….)

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