



<b>Name</b>	<b>Dose (mg, g, ml)</b>	<b>How Often (twice a day, every 8 hours)</b>	<b>Route (injection, by mouth)</b>	<b>Date When Started</b>	<b>Date Stopped</b>

Office Use Only:

Initials/Date Verified: \_\_\_\_\_ Initials/Clarified: \_\_\_\_\_ APN/MD Signature/Date Reconciled: \_\_\_\_\_  
 Initials/Date Verified: \_\_\_\_\_ Initials/Clarified: \_\_\_\_\_ APN/MD Signature/Date Reconciled: \_\_\_\_\_  
 Initials/Date Verified: \_\_\_\_\_ Initials/Clarified: \_\_\_\_\_ APN/MD Signature/Date Reconciled: \_\_\_\_\_  
 Initials/Date Verified: \_\_\_\_\_ Initials/Clarified: \_\_\_\_\_ APN/MD Signature/Date Reconciled: \_\_\_\_\_