

MEDICATION INTAKE LOG

CONFIDENTIAL RECORD

RESIDENT NAME
DATE / WEEK OF
ATTENDING PHYSICIAN

MEDICATION NAME	DOSAGE	ROUTE	DAILY SCHEDULE (INITIAL WHEN GIVEN)	NOTES
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			MORNING	
			NOON	
			EVENING	
		Oral	NIGHT	
			PRN	
			PRN	
			PRN	

CAREGIVER SIGNATURE
REVIEWER/NURSE SIGNATURE