

MEDICATION ADMINISTRATION RECORD

Month/Year: _____

PATIENT FULL NAME

DATE OF BIRTH

ID NUMBER

MEDICATION & STRENGTH	DOSAGE	ROUTE	FREQUENCY/TIME	INSTRUCTIONS/PURPOSE	M T W T F S S
Lisinopril 10mg	1 Tablet	Oral	Daily (08:00)	Blood Pressure; take with water	
Metformin 500mg	1 Tablet	Oral	BID (08:00, 18:00)	Diabetes; take with meals	

PRN (AS NEEDED) MEDICATIONS & NOTES

Prescribing Physician: _____

Contact Number: _____

Verified By: _____