

PID:

**PRESCRIBED MEDICATION**

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1. Medication: \_\_\_\_\_ Dosage:  daily  BID  TID  
 QID  Noct

Strength:   mg  ml  tb

Reason: \_\_\_\_\_

Start date:    Stop date:     
dd MMM yy dd MMM yy

Staff Initials: \_\_\_\_\_ Date Completed: \_\_\_\_\_

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2. Medication: \_\_\_\_\_ Dosage:  daily  BID  TID  
 QID  Noct

Strength:   mg  ml  tb

Reason: \_\_\_\_\_

Start date:    Stop date:     
dd MMM yy dd MMM yy

Staff Initials: \_\_\_\_\_ Date Completed: \_\_\_\_\_

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3. Medication: \_\_\_\_\_ Dosage:  daily  BID  TID  
 QID  Noct

Strength:   mg  ml  tb

Reason: \_\_\_\_\_

Start date:    Stop date:     
dd MMM yy dd MMM yy

Staff Initials: \_\_\_\_\_ Date Completed: \_\_\_\_\_

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4. Medication: \_\_\_\_\_ Dosage:  daily  BID  TID  
 QID  Noct

Strength:   mg  ml  tb

Reason: \_\_\_\_\_

Start date:    Stop date:     
dd MMM yy dd MMM yy

Staff Initials: \_\_\_\_\_ Date Completed: \_\_\_\_\_

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