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| **Date Ordered FROM Pharmacy** | **Staff Name of WHO ordered Medications** | **Resident Name** | **Medication Ordered** | **Date Medication**  **RECEIVED** | **Staff Name**  **Who RECEIVED Medication** | **Staff Initials Documentation in MAR** |
| **EXAMPLE**  2/2/09 8AM | J.SNOW | Ellie Bean | Ativan | 2/2/09 2PM | B. Bailey | DONE  B. Bailey |
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