|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 | DONEB. Bailey |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |