As Required Drugs

NAME:

WARD:

| Drug (approved name and form) IBUPLOFEN Like Lood | | | | | 174 | 236 | | | | | | | | |
|---|------------------|----------------------------------|--|--|----------------|--------------|------------|--|-------------|----------------|---------------------------------------|----------|--------------|--------|
| | | | | | 18.2 | 153 | | | | | | | | |
| Dose 20 # 149-1 | | | | Dose | 1 | 14.5 | | | | | | 4 | | |
| Prescriber (Sign and PRINT Name) | | PEN | 3-0 | Route | Hom. | F | - | | | | | | | |
| Als | Seenea | Date | Pharmacy | Sign | 18 | - | | | | | | | | |
| UU | ved name and | form) | ul riplo | Date | 70 | 1 | | | | | | | | |
| | | | | Time | | | | 8 | | | | | | |
| Dose Route | | Frequency and indication for use | | Dose | | | | | | | | | | |
| Prescriber (Sign and PRINT Name) | | Date Pharmacy | | Route | | | | 6 | | - 3 | | | | |
| | | | | Sign | | | | <u> </u> | | | | | | |
| Orug (approved name and form) | | | | | | | | - | | | | | | |
| 8 | | × | W 00 | Time | | | | | | | | | | |
| Dose | Route | Frequency | and indication for use | Dose | | 75 | , mir vi | | | | | | | |
| Prescriber (Sign and PRINT Name) | | Dela | I Ohama- | Route | | | 1, 1, 1, 1 | | | | | | | |
| | | Date | Phermacy | Sign | | | | | | 1 | | | | |
| Drug (approved name and form) | | | | Date | | | | | | | 120 | . girjan | | |
| | | | | Time | | | † | | | <u> </u> | | | | ļ |
| Dose | Route | Frequency | and indication for use | Dose | | | | | | | | | 7.1.12 VI | |
| Prescriber (Sign and PRINT Name) | | D-+- | I ou | Route | | | | | | | 1 | | | |
| | | Date | Pharmacy | Sign | | + | | | ····· | 1 | | | | |
| Drug (approved name end form) | | | | Date | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | |
| | e is u | 200 3 | | Time | | | | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | 14 |
| Dose | Route | Frequency and indication for use | | Dose | | | | | | | | | | |
| Prescriber (Sign and PRINT Name) | | Date Pharmacy | | Route | | | | | | | | | | |
| unamo (masar 1960) | | | | Sign | | | | | | | | | | |
| Drug (approved name and form) | | | | Date | | 1 | | | | | | | | |
| | | | Time | | | | | | | | 1 | | 1 | |
| Dose | Route | Frequency | y and indication for use | Dose | 200 | | | | | | | | | |
| Prescriber (Sign and PRINT Name) | | Date | Pharmacy | Route | | | | | | | | | | |
| | | | | Sign | | | | | | | | | | |
| Drug (approved name and form) | | | | | | | | | | | | | | |
| | | | | Time | | | | | | | | | | |
| Dose | Route | Frequenc | y and indication for use | Dose | | | | | | | | | | |
| Prescriber PRINT Nau | (Sign and ne) | Date Pharmacy | | Route | | | | | | | | | | |
| | | | | Sign | | | 1 1 | | | | | | | |
| | | | Charles and the Control of the Contr | and the state of t | and the second | STER COUNTY | 100000 | of the same of the same of the | The same of | and the second | | | · Control of | W. 150 |