

As Required Drugs

NAME:

WARD:

Drug (approved name and form)			Date	17/8/21															
1842020FEN			Time	18:20	15:30														
Dose	Route	Frequency and indication for use	Dose																
200-400mg	PO	PRN 4-6 max 1200mg	400mg																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route															
SEEHER		11/8	W124110	PO															
Drug (approved name and form)			Sign	TB															
			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route															
				Sign															
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route															
				Sign															
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route															
				Sign															
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route															
				Sign															
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route															
				Sign															
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route															
				Sign															