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| **Date of Placement**: | **Date of Birth**: | **Last Med Evaluation:** | **Next Med Evaluation:** |
| **Medication Name**: | | **Purpose of Medication**: | |
| **Date of Prescription**: | **Prescribed Dosage**: | **Times of Dosage**: | **Travel Bottle:**  Yes  No |
| **Refill Available:**  Yes  No | **Date to Order Refill:** | **Refill Start Date:** | **Refill Bottle Count:** |
| **Prescribed Instructions**: | | | |
| **Prescribing Physician’s Name**: | | **Physician’s Emergency Phone Number**: | |
| **If applicable, enter the missed dose reason in the dose column: R-Refused M-Missed A-AWOL H-Hospital S-School P- On Pass** | | | |

| Client’s Name: | | | | | Month: | | Year: | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Time | Dose | Comments | Daily Med Count | # Meds Sent  On Pass | # Meds Returned from Pass | Client  Initial | Staff Initial &  Last Name |
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| **Med Count** | **As of Date** | **Name of Management Completing Audit** | **Date Audit Completed** |
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