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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 SentOn Pass | # Meds Returned from Pass | ClientInitial | 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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