

MEDICATION ADMINISTRATION RECORD (MAR)

RESIDENT'S NAME _____ FOR THE MONTH OF: _____ YR: _____

*Instructions: Please indicate that all resident's medications have been dispensed as per physician order(s), by placing your initials after each day specified.

DAYS OF THE MONTH

LIST OF MEDICATIONS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

ADMINISTRATOR-S SIGNATURE: _____ DATE: _____