

Medication Administration Record (MAR)

Name: _____ Month: _____ Year: _____

Medication / dosage / frequency / route	Time	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	31	

Medication / dosage / frequency / route	Time	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	31	

Charting for the month of:		through:			
Physician:		Telephone number:		Medical record number:	
Alt physician:		Alt. physician number:			
Allergies:		Rehabilitation potential:			
Diagnosis:		Admission date:			
Resident:		Date of birth:		Room / bed number:	