

# 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

Charting for the month of: _____		through: _____	
Physician _____		Telephone number: _____	
Alt Physician: _____		Alt Physician number: _____	
Allergies: _____		Rehabitation Potential: _____	
Diagnosis _____		Admission Date: _____	
Resident: _____		Date of Birth _____	
		Room/Bed No: _____	