diagnosis: Initial in the box grid that intersects transcribe orders below: med, dose, r				1											(plai)			the		ck pa		, ,		e #
nitial in the box grid that intersects			on	1																			7 28	29 3
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ranscribe order <u>s</u> below: med, dose, r	route,	, time, reas			2	3	4 5	6	7 8	3 9	10 1	11 12	13 1	14 15	16 1	7 18	19 2	0 21	22	23 2-	4 25	26 2	7 28	29 3
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All staff who document on the MAR must be identified by listing their initials, printed name and signature in the boxes below

					<u> </u>	iaine and signature in the box	
Initials	P	rint Name	•	Signature	Initials	Print Name	Signature
For any	missed routir	ne med a	and every PR	N med, a note of explanation	must be entere	<mark>d below and reported to the s</mark> ւ	pervisor and shared in shift report
			_		NOTES		
Date	time	Initials		medication		Reason and F	Results
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