

## MDS Compliance Aids Dossette Boxes - MAR Chart

SERVICE USER: \_\_\_\_\_ Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ G.P.: \_\_\_\_\_

Week Commencing: \_\_\_\_\_ Week Commencing: \_\_\_\_\_ Week Commencing: \_\_\_\_\_ Week Commencing: \_\_\_\_\_

Sign to confirm that the medication in the pack has been checked against list below:    Sign to confirm that the medication in the pack has been checked against list below:    Sign to confirm that the medication in the pack has been checked against list below:    Sign to confirm that the medication in the pack has been checked against list below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_    Signature: \_\_\_\_\_ Date: \_\_\_\_\_    Signature: \_\_\_\_\_ Date: \_\_\_\_\_    Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TIME	M	T	W	Th	F	S	Su	TIME	M	T	W	Th	F	S	Su	TIME	M	T	W	Th	F	S	Su	TIME	M	T	W	Th	F	S	Su
Morning								Morning								Morning								Morning							
Lunch								Lunch								Lunch								Lunch							
Teatime								Teatime								Teatime								Teatime							
Evening								Evening								Evening								Evening							

**Special Instructions:**

**Codes if medication not taken: A = already taken    P = prepared to be taken later    D = declined and destroyed    V = nausea or vomiting  
X = missing from dossette box    O = OTHER (specify on back of Chart)**

CONTENTS OF PHARMACY PREPARED DOSSETTE BOX						
Medicine / Drug	Strength	Dose	Frequency of Dose	Time(s)	Route	<b>CONTRA-INDICATIONS TO MEDICATION</b>
						DRUG ALLERGIES:
						CULTURAL / ETHNIC CONSIDERATIONS (e.g. gelatin capsules):