## MEDICINES PRESCRIPTION AND ADMINISTRATION RECORD

(Including controlled drugs, injections, suppositories and enemas)

PLEASE TAKE THIS CARD WITH YOU WHEN ATTENDING FOR TREATMENT AT A CLINIC OR SURGERY

PATIENT'S NAME		
DATE OF BIRTH		NHS No
ADDRESS		
GENERAL PRACT	ITIONER	TEL NO
ADDRESS		
PRIMARY CARE T	RUST	

## PRESCRIPTION RECORD

(To be completed by the prescriber)

Date	Drug approved name only PLEASE PRINT	Dose	Route	Frequency	Prescriber signature	Can Date	celled Signature	Number of amps prescribed
						8.22		
								P DESCRIPTION

## DRUG ADMINISTRATION RECORD

## To be completed by the person giving the medication

Date	Time	Drug approved name only PLEASE PRINT	Dose	Route	Site	Given by (signature)	Number of amps left (controlled drugs)
***							
		44.00					