

# Injectable Medication Chart

## Resident Information

Resident Name:

Date of Birth:

Facility Name:

Room/Unit:

## Prescriber Orders

Medication Name:

Dosage/Strength:

Route:

Frequency:

Start Date:

End Date:

Prescriber:

## Administration Record

Date	Time	Dosage Given	Site	Initials	Comments

## Signature Record

Initials	Name	Designation	Signature

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