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| **Medication Administration Record** | | | | | | | | | | | | | | | | Sheet | | | |  | | | | Of | | |  | | | | | | Start date: | | | | | | | |  | | | | | |
| **Photo** | | Name: | |  | | | | | | | | | | | | | | | | | | | | GP Name | | | | | | | | | | | | |  | | | | | | | | | |
| Date of Birth: | |  | | | | | | | | | | | | | | | | | | | | Surgery | | | | | | | | | | | | |  | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | NHS No. | | | | | | | | | | | | |  | | | | | | | | | |
| **Allergies:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Key: | | R = Refused, H = Hospital, N = Nausea / Vomit, X = Not Given, O = Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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