DSHS
WASHINGTON STATE
Department of Social and Health Services

Medication Administration Record (MAR)

for Month Year

PERSON'S NAME	DATE OF BIRTH	PROVIDERONE NUMBER

ALLERGIES

MEDS	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Follow prescribers' orders for medication times and approved person-centered medication administration times.

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General Medication Times: Daily: 8a Twice per day: 8a and 8p Three times per day: 8a, 12p, and 8p Four times per day: 8a, 12p, 4p, and 8p

In the event a person declines or misses medication, contact:

Medication Refusals (R), Missed Medications (M), and PRN Notes

Date / Time	Medication Name and Dose	Reason	Results / Notifications Made	Staff Name / Initials