PRN Medication Administration Record (MAR)

Patient Name:

Room/Unit:

Date of Birth:			Record Date:						
Medication De	etails								
Medication Name				Dose			Route		
Frequency Reason/Indication				Prescriber					
Administratio Date & Time	n Record Dosage Given	Route	Re	ason Given	Effectivene	ess/O	Outcome	Initia	als.
Notes									