Page ____of ___



MEDICATION AUTHORITY

Metropolitan referral unit phone: 1300 110 600 Fax: 1300 546 104

| Allergies and Adverse Drug Reactions (ADR) Nil Known Unknown (tick appropriate box or complete details below) | | | | | | Affix patient identification label in this box | | | | | | | | |
|---|---|----------------------------|---------------------|--|-----------------|--|-----------------------|----------|--|-----------------------|--|--|--------------|--|
| Medicine | nown U | 11 | UR No: | | | | | | | | | | | |
| | | | rpe / date Initials | | 11 | Family Name: Given Name: | | | | | | | | |
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| | Medici | nes required | to be administe | red | | | | Recor | d of drug | adminis | tration | | _ | |
| | | • | administration | | | Date | | | | | | | | |
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| Print Name: | | | | | | | Contact/pager Number: | | | | | | | |