



Just in Case (JIC) Box **Medication Record Sheet**







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SURNAME:							MEDICATION	N
FORENAMES	S:	ORESS!	GRAP			NAME		
ADDRESS:		o Es	3-		S	STRENGTH		
URN:		DO				DOSAGE RMULATION		
DATE	TIME	NO. OF DOSE UNITS RECEIVED	NO. OF DOSE UNITS USED	BATC NUMB		EXPIRY DATE	STOCK BALANCE	SIGNATURE(s)
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DATE	TIME	DOSE UNIT	гѕ	SIGN	ATUR	lE .	SIC	GNATURE
	1		1					

Disposal: Record below when the medication is removed from JIC box to be sent to a pharmacy for destruction

DATE	TIME	NO. OF DOSE UNITS TO BE DESTROYED	BATCH NUMBER	EXPIRY DATE	SIGNATURE	SIGNATURE

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		-00K				DOSAGE			
URN:		_ DOB:_				RMULATION			
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DATE	TIME	140.01		SIGNA	TURI	E	SIG	NATURE	

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DOSE UNITS

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