Resident Medication Chart Transfer Checklist

Resident name: _____ Facility: _____ Page ☐ of ☐

Resident NHI: _____ Prescriber: _____

Type (Regular or PRN)	Medicine	Medicine instructions	Step 1: Transfer to chart	Step 2: Transferred to chart	Step 3: Transfer confirmed	Step 4: Prescriber sign-off chart
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