NC-BQA FORM #4/05

Mass Medication Pen Record

Group / Pen: _____

Diagnosis	Date	Severity	Rx 1	Comment	WD

Rx = medication name, WD = withdrawal time

Signatures: _____ **Date** _____

_____ **Date** _____

_____ **Date** _____

_____ **Date** _____

_____ **Date** _____

_____ **Date** _____

_____ **Date** _____