โรงพยาบาลพระมงกุฎเกล้า PHRAMONGKUTKLAO HOSPITAL	MEDICATION RECORD ONE DAY DOSE	NAME__________________ AGE________ HN ______________ AN ______________ WARD ____________________________ ROOM ________ BED _______ PAGE ______

DATE / MEDICATION AND DOSE	Time														
		Real Time	Name	Real Time	Name	Real Time	Name	Real Time	Name	Real Time	Name	Real Time	Name	Real Time	Name

Confirm by (Nurse 's Signature)								
	24 - 08							
	08 - 16							
	16 - 24							