HEALTH CARE FOR THE HOMELESS

MEDICATION ADMINISTRATION RECORD - ONE TIME ORDERS

DATE	TIME	NAME OF MEDICATION	DOSAGE/ROUTE	SIGNATURE	SITE

SITE CODE

[RA] - **Right** Arm	**[RL]** - Right Leg	**[RB]** - Right Buttock	**[ABD]** - Abdomen
[LA] - Left Arm	**[LL]** - Left Leg	**[LB]** - **Left** Buttock	

CLIENT LAST NAME: ____________ **FIRST:** ____________ **HCH#:** ____________