**Patient Information**

- **HEIGHT**: 5 FT 4 IN 162 CM
- **WEIGHT**: 189 LB 0 OZ 85.728989 KG

**Allergies**
- (From ADM): AGNO

**Medication Administration Record**

<table>
<thead>
<tr>
<th>Day</th>
<th>Medication</th>
<th>Start</th>
<th>Stop</th>
<th>SCH</th>
</tr>
</thead>
</table>

**Injection Site**
- 1 = Buttock (Gluteus) Left
- 2 = Buttock (Gluteus) Right
- 3 = Arm (Deltoid) Left
- 4 = Arm (Deltoid) Right
- 5 = Thigh (Quadriceps) Left
- 6 = Thigh (Quadriceps) Right

**Pain Level**
- 0 = No Pain
- 1-3 = Mild Pain
- 4-5 = Moderate Pain
- 6-9 = Severe Pain
- 10 = Worst Possible Pain

**Signature**

<table>
<thead>
<tr>
<th>INIT.</th>
<th>SIGNATURE</th>
<th>INIT.</th>
<th>SIGNATURE</th>
</tr>
</thead>
</table>

*TVb = Verified by: Nurses' initials and signatures are required in the Signature boxes above.*

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