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| Service User Name: |  | D.O.B. |  | |
| Home and Room No: |  | Start Date of Record: | |  |

Staff should initial this document during their shift to confirm a visual check of the transdermal patch. Any issues must be recorded and reported immediately to the medication administrator.

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| --- | --- | --- | --- | --- |
| **Date** | **AM**  **(7.00-14.00)** | **PM**  **(14.00-22.00)** | **Nights**  **(22.00-07.00)** | **Actions** |
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