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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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