**M4 Appendix 16**

**PRESCRIBED CREAM DIRECTIONS**

**Service user name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Establishment** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Date | Name of cream prescribed | Directions: e.g. where to apply, how often to apply (2xdaily or PRN), amount required. | Signature of Health professional |
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Supervisors to complete a M4 creams MAR chart or Pharmacy chart

Use the above information to complete the charts.

(If applicable complete a PRN protocol and PRN recording form)