

Transdermal Patch Application Record

Home Name:

Resident:

Name of Product:

DOB:

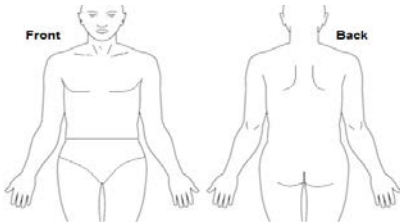
Room No:



Directions:

Strength:

Put a cross (X) where you have placed the patch

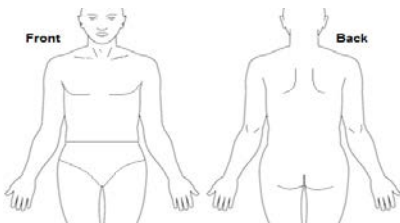


Date and time applied _____ 1

Applied by: Print Name _____ Signature _____

Date and time removed _____

Removed by: Print Name _____ Signature _____

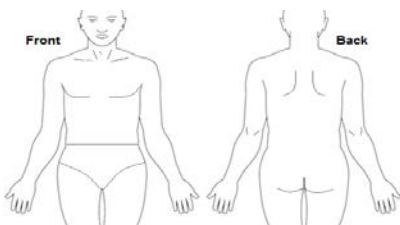


Date and time applied _____ 2

Applied by: Print Name _____ Signature _____

Date and time removed _____

Removed by: Print Name _____ Signature _____

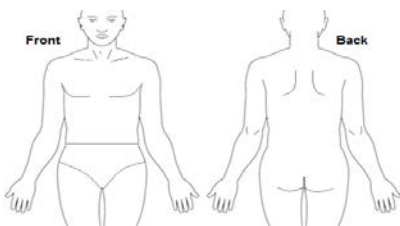


Date and time applied _____ 3

Applied by: Print Name _____ Signature _____

Date and time removed _____

Removed by: Print Name _____ Signature _____

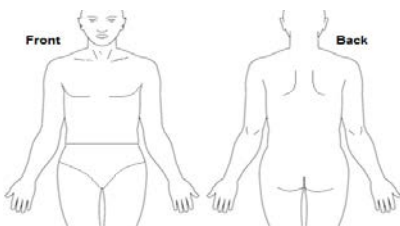


Date and time applied _____ 4

Applied by: Print Name _____ Signature _____

Date and time removed _____

Removed by: Print Name _____ Signature _____



Date and time applied _____ 5

Applied by: Print Name _____ Signature _____

Date and time removed _____

Removed by: Print Name _____ Signature _____

Patch Disposal : The used patch should be folded in half, adhesive side inwards and then disposed of safely in the sharps container. **REMEMBER:** Hands should be washed before and after applying or removing patch.