

Topical Medicines Application Record (TMAR) Chart

When using this chart, write “**See Topical Medicines Application Record (TMAR) Chart**” on the main MAR chart for the resident.

DO NOT DOUBLE RECORD - It should be agreed locally as to who completes the TMAR Chart.

Resident name:		Date of Birth:	
Room n°:		Preparation:	
Indication:		Frequency of application:	
Therapy started:		Review date:	
Chart completed by: <small>Name and date</small>		Chart checked by: <small>Name and date</small>	
Instructions for use:			
Additional notes:			

Record of Application - To be signed on each application of a topical medicine

Month																															
Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Mark or shade area(s) for application.

