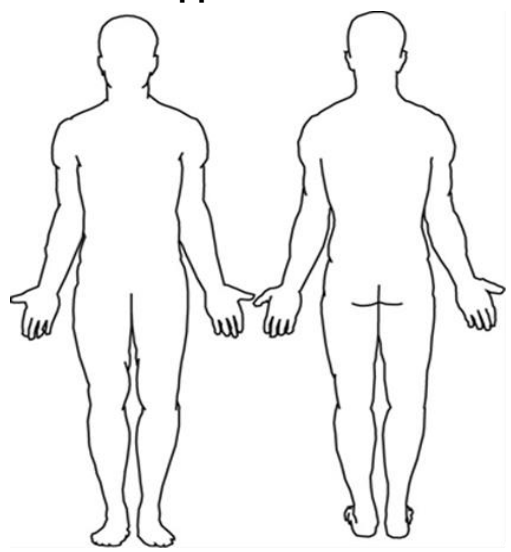
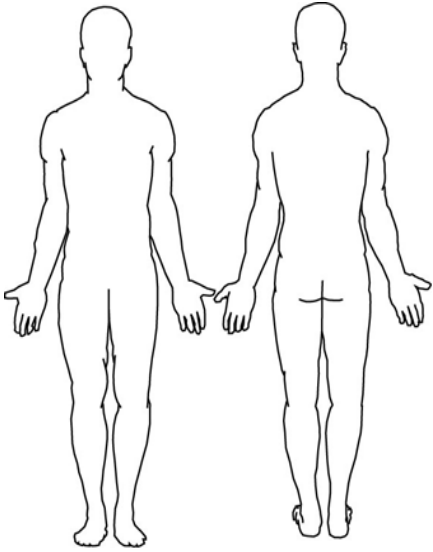


### Transdermal patch application record

Resident's name:	DoB:	Allergies:	
Name of patch:			
Strength of patch:			
Frequency of application:		Application site:	
Start date:		Completed by:	Checked by:

**Put a cross X where the patch has been applied.**

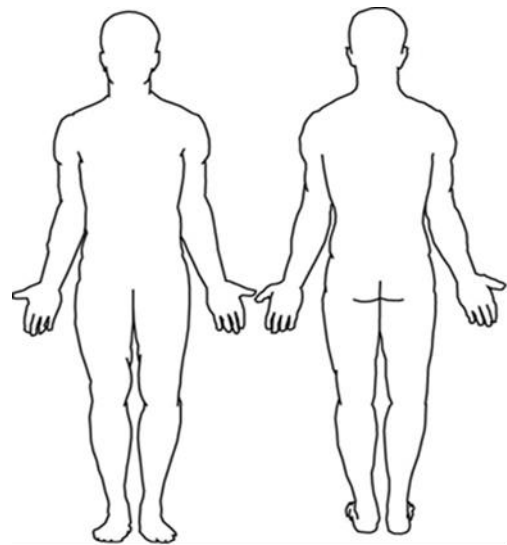
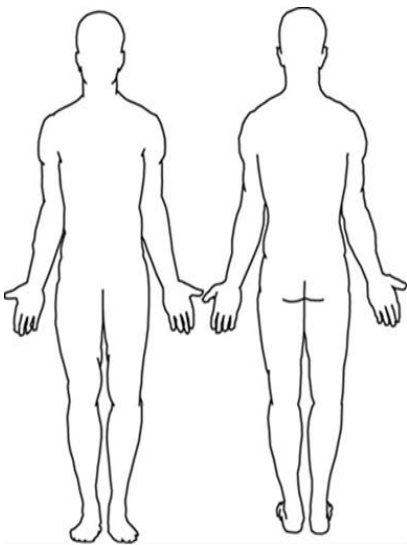


Date & Time Applied ..... Signature .....

Date & Time Applied ..... Signature .....

Date & Time Removed ..... Signature .....

Date & Time Removed ..... Signature .....



Date & Time Applied ..... Signature .....

Date & Time Applied ..... Signature .....

Date & Time Removed ..... Signature .....

Date & Time Removed ..... Signature .....