



# Guest Medication Instructions

**Customer's Full Name**

**Guest's Name**

**Signature**

**Date**

By completing and signing this document you are stating you have read RBK's General Contract - RBKGC062017 - and have specifically reviewed #6 of said document which is related to Guest Medication at RBK. A copy of RBKGC062017 can be found on our website, [www.rbkpetresort.com](http://www.rbkpetresort.com), or at RBK's front desk.

Medication	Reason for Meds	Frequency	Dose	Start & End Date	Times Per Day	Match Pill Bottle?
				-	<input type="checkbox"/> AM <input type="checkbox"/> AFT <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
				-	<input type="checkbox"/> AM <input type="checkbox"/> AFT <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
				-	<input type="checkbox"/> AM <input type="checkbox"/> AFT <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
				-	<input type="checkbox"/> AM <input type="checkbox"/> AFT <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
				-	<input type="checkbox"/> AM <input type="checkbox"/> AFT <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
				-	<input type="checkbox"/> AM <input type="checkbox"/> AFT <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
				-	<input type="checkbox"/> AM <input type="checkbox"/> AFT <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
				-	<input type="checkbox"/> AM <input type="checkbox"/> AFT <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Example</i>	<i>To Be of Assistance</i>	<i>ED</i>	<i>1.5 Pills</i>	<i>1/14 - 1/18</i>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> AFT <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## Column Key

**Medication:** Name of medication as it is written on the medication bottle/packaging.

**Reason for Meds:** As a single medication can be used to treat different illnesses we need this information for reference purposes.

**Frequency:** Daily, how often is the medication to be administered, such as ED (Every Day), E2D (Every 2 Days), E3D (Every 3 Days), Etc. In the event of specific days of the week, such as Mondays, Wednesdays, and Fridays, just list M, W, F. Or if it is a one time administration just put NA as the same Start & End Date will tell us it is a one time administration.

**Dose:** The number of pills, units, mLs, etc. to be administered based on the listed Frequency.

**Start & End Dates:** The dates that we should start and end administration of medication. Usually the days that the Guest is Checking In and Out.

**Times Per Day:** The number of times the medication must be administered on the days determined by the Frequency.

**Match Pill Bottle:** Do the above instructions match the instructions found on the pill bottle or packaging? We understand that a medications frequency and/or dosage may change overtime without the prescription needing to be refilled, we just need to notate such situation to avoid as much confusion as possible.