## Text Description automatically generated

## Transdermal Patch Application Record

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| --- | --- | --- |
| **Name** | **Name and strength of patch and directions for administration** *(as written on label)* | |
| **DOB** |
| Prepared by: | Checked by: | Date: |

**Mark “x” to show where patch is applied – see patient information leaflet for recommended sites.**

**Ensure site of application is rotated as given in the patient information leaflet**.

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| --- | --- | --- | --- |
| **Front** | **Back** | Date patch applied:  Time:  Signature:  Date next patch due: | Date patch removed:  Time:  Signature: |
| **Front** | **Back** | Date patch applied:  Time:  Signature:  Date next patch due: | Date patch removed:  Time:  Signature: |
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