

Topical Medicines Application Record Chart - TMAR

When using this chart	:, write "See Topical Medicines Ap	plication Record	Chart (TMAR)" on main MAR
chart for resident.			
DO NOT DOUBLE RE	ECORD – It should be agreed loca	ally as to who co	mpletes the TMAR records.
Resident Name:		Date of Birth:	
Room No:		Preparation:	
Indication:		Frequency of	
		application:	
Therapy started:		Review Date:	
Chart completed		Chart	
by/date:		checked	
		by/date:	
Instructions for use:			
Additional Notes:			

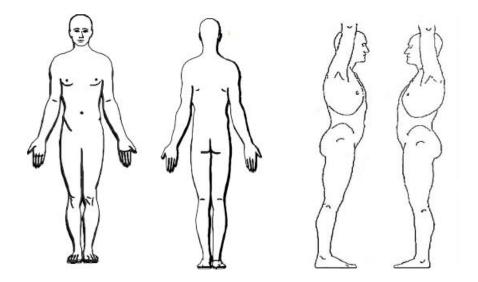
Record of application – To be signed on each application of topical medicine

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

Approved By: IMOC Approval Date: July 2023 Renew Date: July 2025



Mark or shade area(s) for application.



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