Brantley County School Health Services

Monthly Nursing Medicaid Treatment Log

School Year: 2016-2017

School: ____________Nurse Signature and Title:____

Student:_____________________________ Date of Birth:________________ Medicaid ID #: __________________________________

Medications/Procedure Administered: ____

Dosage: ____ DX CODE: ______________________________

Physician who prescribed Medication/Procedure_______________________________Physician NPI # ____________________________

Circle Month & Year: Aug. Sept. Oct. Nov. Dec. Jan. Feb. March April May , 2016 / 2017

Date	Medication or Procedure	Time Given	Route	# of Units	Initials
			TOTAL UNITS:		

Monthly Progess:____

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