

## APPENDIX I

### Inhalation or Injection Administration Documentation and Notification Form

**Patient****Information:**

Name

Date of Birth

MCP #

**Injection****Details:**

Drug Name and Dosage

Route and Site of Administration

Indication

Manufacturer and Lot Number

Date and Time of Administration

**Patient Assessment and Response** (include other notes, as necessary):

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**Patient Education & Follow-up Plan:**

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**Documentation  
of Informed  
Consent:**

The patient and/or their agent was provided with sufficient information specific to the circumstances to allow him/her to make an informed decision regarding the inhalation or injection and voluntarily provided their consent.

**Consent provided by:**  Patient  Patient's Agent: \_\_\_\_\_**Pharmacist  
Information:**

Name

Registration #

Pharmacy Name (if applicable)

Phone #

Fax #

Pharmacist Signature

**Notification  
Information:**

Health Care Provider Notified?

 Yes No

Name of Health Care Provider Notified

Phone #

Fax #

Method of Notification:  Fax  Other:

Date Sent:

If Health Care Provider was not notified, please document rationale: \_\_\_\_\_

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