Pain Killer Tablet Name List

PAIN KILLER TABLET NAME LIST

Tick each item as you gather or confirm it. Add anything specific to your own circumstances in the blank rows.

Name: ______________________ **Date completed:** ______________ dd / mm / yyyy

Date of birth: ______________ dd / mm / yyyy **Record / MRN number:** ______________________

Prepared by: ______________________ **Date:** ______________ dd / mm / yyyy

Tick each item once it is confirmed or packed. Use the blank rows for anything specific to you.

ESSENTIALS

- [ ] Essentials

DOCUMENTS AND PAPERWORK

- [ ] Documents and paperwork

USEFUL BUT OPTIONAL

- [ ] Useful but optional

ANYTHING ELSE

Item: ______________________ **Quantity:** ______________________

Who is bringing it: ______________________ **Confirmed:** ______________________

Item: ______________________ **Quantity:** ______________________

Who is bringing it: ______________________ **Confirmed:** ______________________

Item: ______________________ **Quantity:** ______________________

Who is bringing it: ______________________ **Confirmed:** ______________________

Item: ______________________ **Quantity:** ______________________

Who is bringing it: ______________________ **Confirmed:** ______________________

Item: ______________________ **Quantity:** ______________________

Who is bringing it: ______________________ **Confirmed:** ______________________

Item: ______________________ **Quantity:** ______________________

Who is bringing it: ______________________ **Confirmed:** ______________________

Item: ______________________ **Quantity:** ______________________

Who is bringing it: ______________________ **Confirmed:** ______________________

Item: ______________________ **Quantity:** ______________________

Who is bringing it: ______________________ **Confirmed:** ______________________

NOTES

Notes