



**Respiratory Syncytial Virus (RSV) Preventative Agents
Medication Administration Record (MAR)**

Member Information			Pharmacy Information		
Member Name:			Pharmacy Name:		
Member ID:			Pharmacy NPI:		
Member DOB:			Pharmacy Phone:		
Member Address:			Pharmacy Address:		
City:	State:	Zip:	City:	State:	Zip:
Prescriber Information			Home Health Information		
Prescriber Name:			Home Health Name:		
Prescriber NPI:			Home Health Contact Name:		
Prescriber Phone:			Home Health Phone:		
Prescriber Address:			Home Health Address:		
City:	State:	Zip:	City:	State:	Zip:

Synagis Fill Date & Rx Number(s)	Name, Title, and Name of Location of person requesting fill of Synagis	Date of Administration	Name and credentials of Person Administering Drug	Where is drug being Administered (Home or MD office)



**Respiratory Syncytial Virus (RSV) Preventative Agents
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Member Information			Pharmacy Information		
Member Name: Test Member			Pharmacy Name: Test Pharmacy		
Member ID: DUMMYID			Pharmacy NPI: DUMMYNPI		
Member DOB: MM/DD/YYYY			Pharmacy Phone: (000) 000-0000		
Member Address: 2 Peachtree Street, NW			Pharmacy Address: 2 Peachtree Street, NW		
City: Atlanta	State: GA	Zip: 30303	City: Atlanta	State: GA	Zip: 30303
Prescriber Information			Home Health Information		
Prescriber Name: Test Prescriber			Home Health Name:		
Prescriber NPI: DUMMYNPI			Home Health Contact Name:		
Prescriber Phone: (000) 000-0000			Home Health Phone:		
Prescriber Address: 2 Peachtree Street, NW			Home Health Address:		
City: Atlanta	State: GA	Zip: 30303	City:	State:	Zip:

Synagis Fill Date & Rx Number(s)	Name, Title, and Name of Location of person requesting fill of Synagis	Date of Administration	Name and credentials of Person Administering Drug	Where is drug being Administered (Home or MD office)
10/22/18 Rx: 12345678	Test Prescriber, Medical Doctor, Family Practice Atlanta, GA	10/24/18	Test Prescriber, MD	MD Office
10/22/18 Rx: 87654321	Test Prescriber, Medical Doctor, Family Practice Atlanta, GA	10/24/18	Test Prescriber, MD	MD Office



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Member Name: Test Member			Pharmacy Name: Test Pharmacy		
Member ID: DUMMYID			Pharmacy NPI: DUMMYNPI		
Member DOB: MM/DD/YYYY			Pharmacy Phone: (000) 000-0000		
Member Address: 2 Peachtree Street, NW			Pharmacy Address: 2 Peachtree Street, NW		
City: Atlanta	State: GA	Zip: 30303	City: Atlanta	State: GA	Zip: 30303
Prescriber Information			Home Health Information		
Prescriber Name: Test Prescriber			Home Health Name: Home Health Agency		
Prescriber NPI: DUMMYNPI			Home Health Contact Name: Test Nurse		
Prescriber Phone: (000) 000-0000			Home Health Phone: (000) 000-0000		
Prescriber Address: 2 Peachtree Street, NW			Home Health Address: 2 Peachtree Street, NW		
City: Atlanta	State: GA	Zip: 30303	City: Atlanta	State: GA	Zip: 30303

Synagis Fill Date & Rx Number(s)	Name, Title, and Name of Location of person requesting fill of Synagis	Date of Administration	Name and credentials of Person Administering Drug	Where is drug being Administered (Home or MD office)
10/22/18 Rx: 12345678	Test Nurse, RN, Home Health Agency Atlanta, GA	10/24/18	Test Nurse, RN	Home
10/22/18 Rx: 87654321	Test Nurse, RN, Home Health Agency Atlanta, GA	10/24/18	Test Nurse, RN	Home