WEST VIRGINIA I/DD WAIVER
LPN MEDICATION ADMINISTRATION PROGRESS NOTE

Name of Person Who Receives Services:		**Provider Agency:**	
Month/Year of Service:		**Total Time for this Page:**	

*LPN travel time for any purpose is not considered a covered service.

Date	Service Code	Start Time	Stop Time	Total Time	Meds Admin without Incident	Meds Admin with Incident*	Meds Not Admin *	Signature/Credentials
	T1003U4				☐	☐	☐	
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***Note/Activity Summary is required if meds are administered with incident or meds are not administered as planned

Date	Service Code	Start Time	Stop Time	*Detailed Progress Note Nurse must sign and include credentials at the end of each entry
	T1003U4			

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Name of Person Who Receives Services:		Provider Agency:	
Month/Year of Service:		Total Time for this Page:	

Date	Service Code	Start Time	Stop Time	*Detailed Progress Note Nurse must sign and include credentials at the end of each entry
	T1003U4			