

PUSAT DIALISIS NKF – _____
ADMINISTRATION OF MIRCERA FOR THE MONTH OF _____

No.	Name of Patient	IC No.	BP (Pre – Administra- tion)	Mircera Dosage				Signature of Staff Nurse Administering the ESA	Signature of Patient receiving the ESA	Date of Administration of ESA
				50 mcg	100 mcg	120 mcg	150 mcg			
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

CM/SNIC : _____

Signature: _____

Chop: _____

Date: _____