Medicines

Allergies: _____

Pharmacy: _____ Phone: _____

Start Date	Medicines	Reason	Dose	How given	Time given	Prescribed By	Notes
(example) 1/1/01	*Yummy stuff*	*Tummy ache*	*One 10 mg tablet*	*By mouth*	*2 times/day am & pm*	*Dr. Niceguy*	*Give with food. (Crush and mix with food).*

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