EXAMPLE Name: <u>Timmy/Tammy Tenderfoot</u>	- Nama:
Date of Birth12/3/45	Name:
Medication: <u>OTC/ Prescription</u>	Date of Birth  Medication:
Dosage: <u>1 Tablet per day</u>	Dosage:
Adequate quantity for the week: Yes No	Adequate quantity for the week: Yes No
Taken With Meals: Yes No	Taken With Meals: Yes No
Special Instructions:	Special Instructions:
Taken with food	F
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Name:	Name:
Date of Birth	Date of Birth
Medication:	Medication:
Dosage:	Dosage:
Adequate quantity for the week: Yes No	Adequate quantity for the week: Yes No
Taken With Meals: Yes No	Taken With Meals: Yes No
Special Instructions:	Special Instructions:
	· · · · <u></u>
Name:	
Date of Birth	Date of Birth
Medication:	Medication:
Dosage:	_ Dosage:
Adequate quantity for the week: Yes No	Adequate quantity for the week: Yes No
Taken With Meals: Yes No	Taken With Meals: Yes No
Special Instructions:	Special Instructions: