

Medicines

Allergies: _____

Pharmacy: _____ Phone: _____

Start Date	Medicines	Reason	Dose	How given	Time given	Prescribed By	Notes
<i>(example)</i> <i>1/1/12</i>	<i>Yummy stuff</i>	<i>Tummy ache</i>	<i>One 10 mg tablet</i>	<i>By mouth</i>	<i>2 times/day am & pm</i>	<i>Dr. Niceguy</i>	<i>Give with food. (Crush and mix with food).</i>