ژرژۀ 5

SAMPLE DRUG CHART

Name:		Age					I D		DIAGNOSIS:																				
YEAR	MONTH	DATE																											
		TIME	WEEK1							WEEK 2							WEEK 3							WEEK 4						
DRUGS(Approved Name)		0600																											
		0800																											
DOSE	ROUTE	1300																											
INSTRUCTIONS/DURATION		1800																											
START DATE & TIME		2200																											
SIGNATURE		0000																											
DRUGS(Approved Name)		0600																											
		0800																											
DOSE	ROUTE	1300																											
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