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MEDICATION LOG

Weekly

NAME | WEEK OF | CAREGIVERS (INITIALS) | QUESTIONS FOR THE DOCTOR

Time	Medicine and dose	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Notes (missed, side effects, readings)
		☐	☐	☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	☐	☐	
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