# Medication List

| Name of Medicine | Dosage/Strength | Frequency | | |
|---|---|---|---|---|
| EXAMPLE: ASPIRIN | 81 MG - TABLET | ONCE A DAY | ◯ Injection | ◯ Oral |
| | | | ☐ Injection | ☐ Oral |
| | | | ☐ Injection | ☐ Oral |
| | | | ☐ Injection | ☐ Oral |
| | | | ☐ Injection | ☐ Oral |
| | | | ☐ Injection | ☐ Oral |
| | | | ☐ Injection | ☐ Oral |
| | | | ☐ Injection | ☐ Oral |
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| | | | ☐ Injection | ☐ Oral |
| | | | ☐ Injection | ☐ Oral |
| | | | ☐ Injection | ☐ Oral |