

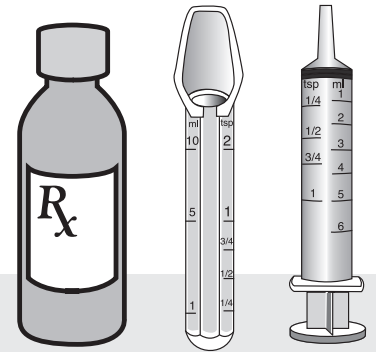


Patient name _____ Medication _____

Begin medication (date) _____ End medication (date) _____

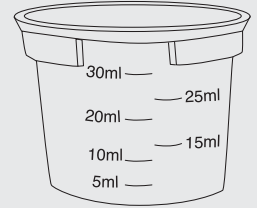
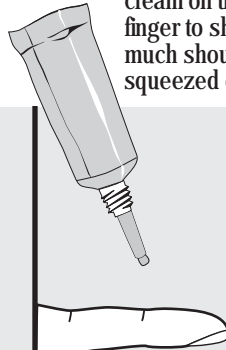
What/When/How Much

(Provider: Draw the quantity of ointment or cream on the illustrated finger to show how much should be squeezed out.)



(Provider: Indicate the quantity by marking a real dispenser with a grease pencil or indelible marker.)

Use the amount drawn on the finger.



How Many	When
_____	Morning
_____	Noon
_____	Evening
_____	Night

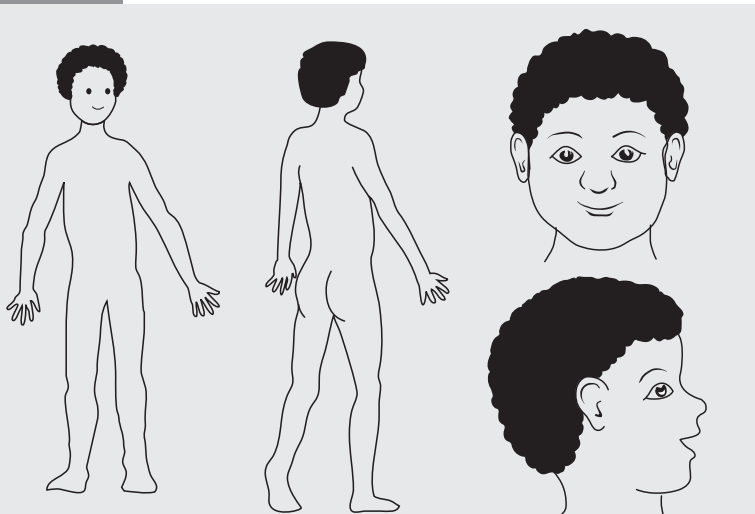
How Many	When
_____	Morning
_____	Noon
_____	Evening
_____	Night

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_____	Morning
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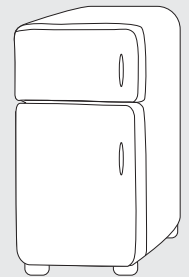
Where



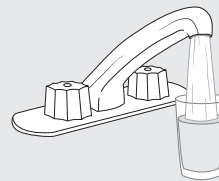
Special Instructions



If circled, take with food.



If circled, store medicine in fridge.



If circled, drink _____ glasses of water a day.

Phone _____ at _____ if _____