



3. Copy the name of the medicine, the strength (include units), and the total number of doses prescribed per day/week/month. Include all pills, liquid medications, eye drops, creams, salves, inhalers (puffers), and supplements.

Print the first 20 letters only - please print clearly

[illegible]

Write the decimal as one of the digits

4. On the average during the last two weeks, how many of these did you take a day/week/month?

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Number unable to transcribe:

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Comments: _____
