

Morning

Noon

Afternoon

Evening

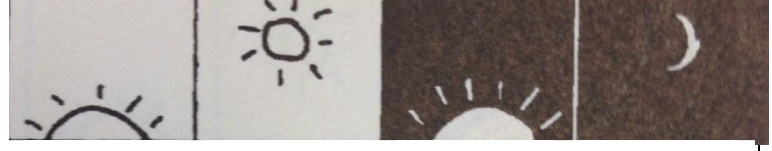
Name:

Date:

Medicine:

Reason:

Instructions:



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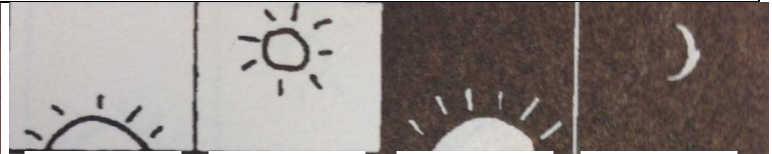
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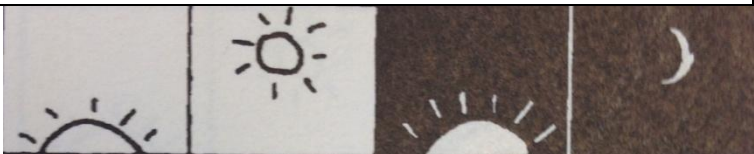
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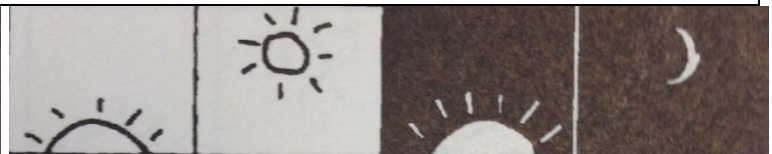
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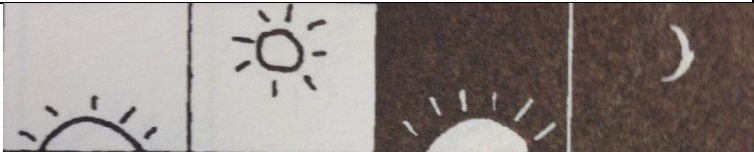
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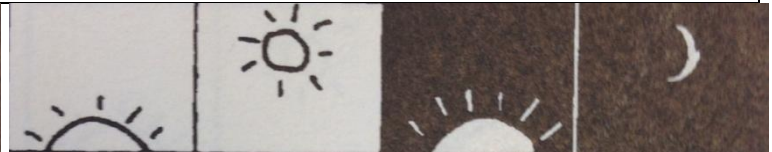
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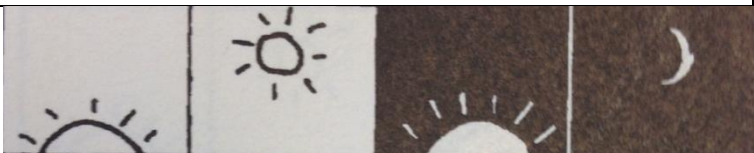
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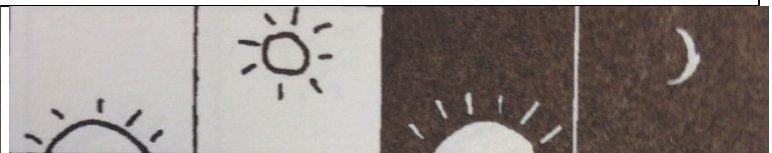
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