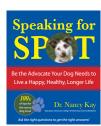
Medication and Treatment Schedule



| Date | Medico | al Problems | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------|-------------|-------------|---------------------------|---|-------|-------|-------|------|-----|-----|----|----|----|------|------|------|-----|------|----|-----|-----|-----|-----|---|---|----|
| Medications | | | | 8 | 9 | 10 | 11 12 | 2 13 | 14 | 15 | 16 | 17 | 18 | 19 2 | 20 2 | 21 2 | 2 2 | 23 2 | 24 | 1 2 | 2 : | 3 4 | 4 5 | 6 | 7 | [8 |
| | | | | | | | | | | | | | | | | | | | | | | - | | | | 1 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | + |
| | | | | | | | | | | | | | | | | | | | | | | | | | | T |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Treatmen | ts | | | | | | | | Τ | | I | | | | | | | | | | | | | _ | 1 | _ |
| | | | | | | | + | | | | | | | | | | | | | | | | | | | + |
| | | | | | | | | | | | | | | | | | | | | | | | | | | + |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | 4 | _ | | | | | _ | | |
| Time | Temperature | Appetite | Urine and Bowel Movement | | Vloto | | nd C | omr | mor | tc | | | | | | | | | | | | | | | | |
| illile | lemperatore | Арреше | Office and bower Movement | | NOIE | es ui | iiu C | OHI | Hei | 115 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |