

## Client Medication Log

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

	<u>Medication</u>	<u>Dose</u>	<u>Instructions</u>	<u>Purpose</u>	<u>Prescribing MD</u>	<u>MD Initials</u>	<u>DC'd Date</u>
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Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_