| Client's name: Son Flynn                   |       |   |   |   |   |   |   |   |   |   |     |                                |           | Birthdate: 13 / 10 / 1973 |     |     |   |     |     |     |                     |   |     |   |     |          |   |     |     |   |   |   |
|--|-------|---|---|---|---|---|---|---|---|---|-----|--------------------------------|-----------|---------------------------|-----|-----|---|-----|-----|-----|---------------------|---|-----|---|-----|----------|---|-----|-----|---|---|---|
| Physician: Dr. August Thornton             |       |   |   |   |   |   |   |   |   |   |     | Allergies: Shellfish Unit / Ro |           |                           |     |     |   |     |     |     | oom / Bed: 5A 531 D |   |     |   |     |          |   |     |     |   |   |   |
| Medication                                 | Time  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1 0 | 1 1                            | 1 2       | 1 3                       | 1 4 | 1 5 | 1 | 1 7 | 1 8 | 1 9 | 2                   | 2 | 2 2 | 2 | 2 4 | 2 5      | 2 | 2 7 | 2 8 | 2 | 3 | 3 |
| Nadolol 40mg<br>once daily                 | 08:00 |   |   |   |   |   |   |   |   |   |     |                                |           |                           |     |     |   |     |     |     |                     |   |     |   |     |          |   |     |     |   |   |   |
| Risdiplam 5mg once daily                   | 08:00 |   |   |   |   |   |   |   |   |   |     |                                |           |                           |     |     |   |     |     |     |                     |   |     |   |     |          |   |     |     |   |   |   |
| Vibegron 75mg<br>once daily                | 08:00 |   |   |   |   |   |   |   |   |   |     |                                |           |                           |     |     |   |     |     |     |                     |   |     |   |     |          |   |     |     |   |   |   |
| Calcifediol 30mcg<br>once daily at bedtime | 21:00 |   |   |   |   |   |   |   |   |   |     |                                |           |                           |     |     |   |     |     |     |                     |   |     |   |     |          |   |     |     |   |   |   |
|  |       |   |   |   |   |   |   |   |   |   |     |                                |           |                           |     |     |   |     |     |     |                     |   |     |   |     |          |   |     |     |   |   |   |
|  |       |   |   |   |   |   |   |   |   |   |     |                                |           |                           |     |     |   |     |     |     |                     |   |     |   |     |          |   |     |     |   |   |   |
| Printed Name                               |       |   |   |   |   |   |   |   |   |   |     |                                | Signature |                           |     |     |   |     |     |     |                     |   |     |   | In  | Initials |   |     |     |   |   |   |