Medication Plan

Medication

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Dosage

| E.g 2 Tablets |

Instructions

| |

Plan

| **Individually** | Hourly | 2-Hourly |

| Morning | Noon | Evening |

00:00	**01:00**	02:00	03:00	04:00	05:00	06:00	07:00
08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00
16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00

Ends At

○ | 📅 | ○ Until further notice

SUBMIT