

**DATOS DEL PACIENTE/ PATIENT FORM**

Fecha/Date \_\_\_\_\_

Patient Number \_\_\_\_\_

Nombre/Name: \_\_\_\_\_ Edad/Age: \_\_\_\_\_

Medicamentos/Medicines \_\_\_\_\_

Alergias/Allergies \_\_\_\_\_

Temp: \_\_\_\_\_

Altura/Height: \_\_\_\_\_

Pulse: \_\_\_\_\_

Peso/Weight: \_\_\_\_\_

BP: \_\_\_\_\_

LMP: \_\_\_\_\_

Nurse Assessment: \_\_\_\_\_

Clinicians Assessment: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

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Nurse Assessment: \_\_\_\_\_

Clinicians Assessment: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

	<b>Medication</b>	<b>Dose</b>	<b>Disp:</b>	<b>Sig:</b>	<b>Notes:</b>
	Acetaminophen	325mg	30	1 or 2 pills Q 6 hours	
	Acetaminophen	500mg	30	1 or 2 pills Q 6 hours	
	Ibuprofen	200mg	30	2 pills Q 6 hours	
	Ibuprofen	600mg	30	1 pill Q 6 hours	
	Amoxicillin Chew	250mg			
	Amoxicillin	500mg	20	1 pill bid	
	Cipro	500mg		1 pill bid	
	Doxycycline	100mg		1 pill bid	
	Metronidazole	250mg		2 pills bid	
	Albendazole	400mg	1	1 pill once	
	Benadryl	25mg	30	1 or 2 pills Q 6 hours	
	Loratidine	10mg	30	1 pill daily	
	Ranitidine	150mg	30	1 pill daily	
	Adult MVI/Iron		30	1 pill daily	
	Pediatric MVI/ Iron		30	1 chewable daily	

*Clinician's Signature* \_\_\_\_\_

	<b>Medication</b>	<b>Dose</b>	<b>Disp:</b>	<b>Sig:</b>	<b>Notes:</b>
	Acetaminophen	325mg	30	1 or 2 pills Q 6 hours	
	Acetaminophen	500mg	30	1 or 2 pills Q 6 hours	
	Ibuprofen	200mg	30	2 pills Q 6 hours	
	Ibuprofen	600mg	30	1 pill Q 6 hours	
	Amoxicillin Chew	250mg			
	Amoxicillin	500mg	20	1 pill bid	
	Cipro	500mg		1 pill bid	
	Doxycycline	100mg		1 pill bid	
	Metronidazole	250mg		2 pills bid	
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