PHYSICIAN INFO AND TREATMENT PROTOCOL

Physician Name						Clinic				
Pho	ne number/ fa	y/ email				Address				
Date	of visit	Notes				7 (44) (55)				
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	sician Name					Clinic				
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		Notes								
1	Date started	Date to finish	Generic / Other Name,	Dose	# of times per	With/away	Route of	Refrigeration	Possible side	Special notes
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ne	Date started		Brand		day	from food	administration	Refrigeration	effects	
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