**Section A: List of Medications**

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| **Medication and Dosage** | **What is it for?** | **Frequency** | **How is it taken?** | **Prescribing Physician** | **To be given by: self, family, staff, CMA, CNA, etc.** | **Is RN Delegation needed? Check appropriate box.** |
| **Yes** | **No** |
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**Section B. List of Treatments**

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| **Treatment and Dosage** | **What is it for?** | **Frequency** | **How is it taken?** | **Prescribing Physician** | **To be given by: self, family, staff, CMA, CNA, etc.** | **Is RN Delegation needed? Check appropriate box** |
| **Yes** | **No** |
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