iNetMe	d Rx² Inc.			T	
Medication List			Todays Date/ 2020		
Patient Nam	e:				
Date of Birth	e://				
			1	T	
Start Date	Name of Medication	Dose	Directions (How? When? How often?]	Provider	
				1	
AU : T					
Allergic To:					
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Dationt / David					
racient / Parent S	ignature:		Date//2020		
Staff Signature:					