Medication Counting Sheet

(Prescription and Over the Counter)

Name of Medication	Dosage:	Instructions:	Starting Qty:	Date: 3/24	Date: 4/7	Date: 4/21	Date: 5/5	Date: 5/19	Date: 6/2	Date: 6/16
Example: Ibuprofen	800mg	2 Per Day (90 Days)	180	Qty: 152	Qty: 124	Qty: 96	Qty: 72	Qty: 48	Qty: 24	Qty: 0
Name of Medication	Dosage:	Instructions:	Starting Qty:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
				Qty:	Qty:	Qty:	Qty:	Qty:	Qty:	Qty:
Name of Medication	Dosage:	Instructions:	Starting Qty:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
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Name of Medication	Dosage:	Instructions:	Starting Qty:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
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				Qty:	Qty:	Qty:	Qty:	Qty:	Qty:	Qty: