

	MEDICATION	1ST DAY	2ND DAY	3RD DAY	4TH DAY	5TH DAY	6TH DAY	7TH DAY
	ANTIBIOTIC							
<input type="checkbox"/>	Penicillin/Amoxicillin	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9am	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9am	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9am	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9am	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9am	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9am	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9am
<input type="checkbox"/>	Cleocin (Clindamycin)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1pm
<input type="checkbox"/>	Keflex	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5pm
<input type="checkbox"/>	Flagyl (Metronidazole)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9pm
<input type="checkbox"/>	Cipro							
<input type="checkbox"/>	Augmentin	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	DAYTIME NON-STEROIDAL PAIN RELIEVER	<input type="checkbox"/> 9am- 2 tabs (initial loading dose)	<input type="checkbox"/> 9am- 1 tab <input type="checkbox"/> 5pm- 1 tab	<input type="checkbox"/> 9am- 1 tab <input type="checkbox"/> 5pm- 1 tab	<input type="checkbox"/> 9am- 1 tab <input type="checkbox"/> 5pm- 1 tab	<input type="checkbox"/> 9am- 1 tab <input type="checkbox"/> 5pm- 1 tab	<input type="checkbox"/> 9am- 1 tab <input type="checkbox"/> 5pm- 1 tab	<input type="checkbox"/> 9am- 1 tab <input type="checkbox"/> 5pm- 1 tab
<input type="checkbox"/>	Diflunisal/Dolobid	<input type="checkbox"/> 5 pm- 1 tab						
<input type="checkbox"/>	Vioxx	<input type="checkbox"/> Once a day	<input type="checkbox"/> Once a day	<input type="checkbox"/> Once a day	<input type="checkbox"/> Once a day	<input type="checkbox"/> Once a day	<input type="checkbox"/> Once a day	<input type="checkbox"/> Once a day
<input type="checkbox"/>	Advil/Tylenol	IN BETWEEN OTHER MEDS AS NEEDED EVERY 4 HOURS						
	NIGHTTIME NARCOTIC PAIN RELIEVER	<input type="checkbox"/> 1-2 tabs at bedtime OR	<input type="checkbox"/> 1-2 tabs at bedtime OR	<input type="checkbox"/> 1-2 tabs at bedtime OR	<input type="checkbox"/> 1-2 tabs at bedtime OR	<input type="checkbox"/> 1-2 tabs at bedtime OR	<input type="checkbox"/> 1-2 tabs at bedtime OR	<input type="checkbox"/> 1-2 tabs at bedtime OR
<input type="checkbox"/>	Norco (Hydrocodone)	1 tab every 4 hours:	1 tab every 4 hours:	1 tab every 4 hours:	1 tab every 4 hours:	1 tab every 4 hours:	1 tab every 4 hours:	1 tab every 4 hours:
<input type="checkbox"/>	Vicodin (Hydrocodone)	<input type="checkbox"/> 9am	<input type="checkbox"/> 9am	<input type="checkbox"/> 9am	<input type="checkbox"/> 9am	<input type="checkbox"/> 9am	<input type="checkbox"/> 9am	<input type="checkbox"/> 9am
<input type="checkbox"/>	Maxidone (Hydrocodone)	<input type="checkbox"/> 1pm	<input type="checkbox"/> 1pm	<input type="checkbox"/> 1pm	<input type="checkbox"/> 1pm	<input type="checkbox"/> 1pm	<input type="checkbox"/> 1pm	<input type="checkbox"/> 1pm
<input type="checkbox"/>	Percocet (Oxycodone)	<input type="checkbox"/> 5pm	<input type="checkbox"/> 5pm	<input type="checkbox"/> 5pm	<input type="checkbox"/> 5pm	<input type="checkbox"/> 5pm	<input type="checkbox"/> 5pm	<input type="checkbox"/> 5pm
<input type="checkbox"/>	Percodan (Oxycodone)	<input type="checkbox"/> 9pm	<input type="checkbox"/> 9pm	<input type="checkbox"/> 9pm	<input type="checkbox"/> 9pm	<input type="checkbox"/> 9pm	<input type="checkbox"/> 9pm	<input type="checkbox"/> 9pm
<input type="checkbox"/>	Darvocet N-100	(no more than 5/day)	(no more than 5/day)	(no more than 5/day)	(no more than 5/day)	(no more than 5/day)	(no more than 5/day)	(no more than 5/day)
	ANTI-SWELL	<input type="checkbox"/> 6 tabs- all at once	<input type="checkbox"/> 1 Breakfast <input type="checkbox"/> 1 Lunch <input type="checkbox"/> 1 Dinner <input type="checkbox"/> 2 Bedtime	<input type="checkbox"/> 1 Breakfast <input type="checkbox"/> 1 Lunch <input type="checkbox"/> 1 Dinner <input type="checkbox"/> 1 Bedtime	<input type="checkbox"/> 1 Breakfast <input type="checkbox"/> 1 Lunch <input type="checkbox"/> 1 Bedtime	<input type="checkbox"/> 1 Breakfast <input type="checkbox"/> 1 Bedtime	<input type="checkbox"/> 1 Breakfast	None
<input type="checkbox"/>	Medrol Dose Pack (children: take 1/2 dose)							
<input type="checkbox"/>	MIX 1 CAP EACH OF THE FOLLOWING TOGETHER	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/>	ALONE: DO NOT MIX	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
<input type="checkbox"/>	Periogard (aka. Peridex, Chlorhexidene)							
<input type="checkbox"/>	Peroxyl							
<input type="checkbox"/>	Orabase-Benzocaine	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED
	SINUS MEDS	7 TO 10 TO 14 DAYS AS NECESSARY/AS DIRECTED						
<input type="checkbox"/>	Claritin	<input type="checkbox"/> one/day	<input type="checkbox"/> one/day	<input type="checkbox"/> one/day	<input type="checkbox"/> one/day	<input type="checkbox"/> one/day	<input type="checkbox"/> one/day	<input type="checkbox"/> one/day
<input type="checkbox"/>	Flonase	<input type="checkbox"/> one/day	<input type="checkbox"/> one/day	<input type="checkbox"/> one/day	<input type="checkbox"/> one/day	<input type="checkbox"/> one/day	<input type="checkbox"/> one/day	<input type="checkbox"/> one/day
<input type="checkbox"/>	Sudafed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3/day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3/day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3/day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3/day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3/day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3/day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3/day
<input type="checkbox"/>	Afrin	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3/day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3/day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3/day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3/day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3/day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3/day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3/day