**REGISTRO DE MEDICACION**

Alergias: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Fecha**  | **Medicamento****/Dosis** | **Objetivo** | **Tiempos dados** | **Prescrito por:** | **Fecha cambiada o detenida/ razón** |
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