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| StartMonth and Year **OBSERVATION SHEET** AllergiesStop | BrandGenericStrengthAmountDoseRouteFrequency | **Hour** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
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|  | Special Instructions: |
| Reason: |
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| StartStop | BrandGenericStrengthAmountDoseRouteFrequency | **Hour** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
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| Name:  | P-packaged by Individual under staff |  |  |  |  |
|  | Supervision for self-administration training |  |  |  |  |
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