Medication List

Child's Name_____
Child's Date of Birth_____
Last Updated: _____

Pharmacy: _____
Phone number: _____

Medication Name	Strength	How much	How often	Ordering Doctor	Prescription #	# Refills
Albuterol inhaler	*90mcg*	*2 puffs by mouth (with spacer)*	*every 4 hours as needed for cough or trouble breathing*	*Dr. Smith*	*12345678*	*2*