

Medikamentenplan

| Name, Vorname | | | | | | | |
|-----------------------|-----------------------------|---------------------|---------|--------|--------|--------------------|---------------------------|
| Medikament /Einnahme* | Dosierung (mg, ml, etc.) | Zeitpunkt und Menge | | | | Grund der Einnahme | Behandlung begonnen am |
| | | morgens | mittags | abends | nachts | | |
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Bemerkungen:

Medikamentenallergie:

* Einnahme: **V** (vor der Mahlzeit) - **Z** (zur Mahlzeit) - **N** (nach der Mahlzeit)