

**BOTIKA LTC**

621 E. Campbell Ave  
Suite 1

Campbell, CA 95008

Phone: (408) 378-2363 Fax: (408) 378-2374



**Medication Record  
Primary Prescriber**

**Beginning Date:** \_\_\_\_\_ to \_\_\_\_\_

Patient NAME:

Patient DOB:

<b>Drug name:</b>	Time\Day	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Rx #:																																		
Start:	Stop:																																	
Desc:																																		
Sig:																																		
Counseling:																																		

<b>Drug name:</b>	Time\Day	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
Rx#:																																			
Start:	Stop:																																		
Sig:																																			

<b>Drug name:</b>	Time\Day	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
Rx#:																																			
Start:	Stop:																																		
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Rx#:																																			
Start:	Stop:																																		
Sig:																																			



**Patient Name**

**Address**

**Room**

Diet:

Diagnosis:

Allergies: