

Flatnummer: …………….

Datum: …………………………..

Bewoner: ……………………………………………………………….

Mijn apotheker: …………………………….

Tel: …………………….

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| **Dagelijks in te nemen medicatie** | | | | | | | | | | | | | |
| Geneesmiddelen | Ontbijt | | | Tussen | Middagmaal | | | Tussen | Avondmaal | | | Slapen | Opmerkingen |
| Voor | Tijdens | Na | Voor | Tijdens | Na | Voor | Tijdens | Na |
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| **Medicatie met andere regelmaat in te nemen (wekelijks, maandelijks, …) of voor extern gebruik** | | | | | | | | | | | | | |
| Geneesmiddelen | Posologie | | | | | | | | | | | | Opmerkingen |
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| **Tijdelijke medicatie** | | | | | | | | | | | | | | | |
| Geneesmiddelen | Begin | Einde | Ontbijt | | | Tussen | Middagmaal | | | Tussen | Avondmaal | | | Slapen | Opmerkingen |
| Voor | Tijdens | Na | Voor | Tijdens | Na | Voor | Tijdens | Na |
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