|  |  |  |  |
| --- | --- | --- | --- |
| **Name of NTM medicine** | **Dose and when to take your NTM medicines** | **Administration Instructions** | **Additional Information** |
| **Morning**🕖 | **Lunch**🕛 | **Teatime**🕕 | **Night**🕙 |
| Drug 1 |  |  |  |  |  |  |
| Drug 2 |  |  |  |  |   |  |
| Drug 3  |  |  |  |  |  |  |
| Drug 4 |  |  |  |  |  |  |
|   |  |  |  |  |  |  |

**Completed by : ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medication Information for : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hospital number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**