My Wisdom Tooth Medication Sheet

	Medication: _____	Total Count: _____			**Medication:** _____	Total Count: _____	
	Active Ingredients (mg amount): _____				Active Ingredients (mg amount): _____		
	Instructions:_____	Max amount per 24 hrs:_____			Instructions:_____	Max amount per 24 hrs:_____	
	_____	With Food? Y/N			_____	With Food? Y/N	
	Date:	**Time Taken:**	**AM or PM**		**Date:**	**Time Taken:**	**AM or PM**