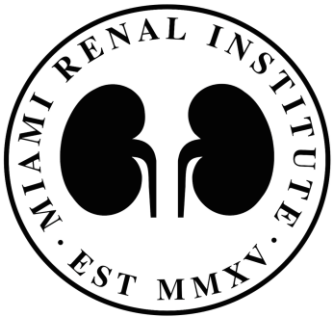

EXCELLENCE IN NEPHROLOGY
HYPERTENSION AND DIABETES

MEDICATION LIST

Name: **Date of birth:**

Name of the medication	Strength (mg)	How many times a day?	Comments

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