### Administration of Inhaler

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| --- | --- | --- | --- | --- | --- | --- |
| **NAME:** |  |  |  |  |  |  |
| **TYPE OF INHALER:** |  |  |  |  |  |  |
| **DOSAGE:** |  |  |  |  |  |  |
| **DIRECTIONS:** |  |  |  |  |  |  |
| **WEEK BEGINNING:** |  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  | **Time** |  |  |  |  |  |
|  | **Signature** |  |  |  |  |  |
|  | **Time** |  |  |  |  |  |
|  | **Signature** |  |  |  |  |  |
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|  | **Signature** |  |  |  |  |  |
|  | **Time** |  |  |  |  |  |
|  | **Signature** |  |  |  |  |  |