

## Post-Operative Tonsillectomy Medication Chart

Day	Medication Name	In these spaces, write down when you should take your pill, dosage or quantity you should take at that time. Once you have taken, strike out or put a checkmark through the appropriate box.					
		<i>Breakfast</i>	<i>Morning Tea</i>	<i>Lunch</i>	<i>Afternoon Tea</i>	<i>Dinner</i>	<i>Bedtime</i>
Day 1	Amoxil						
	Paracetamol						
	Ibuprofen						
Day 2	Amoxil						
	Paracetamol						
	Ibuprofen						
Day 3	Amoxil						
	Paracetamol						
	Ibuprofen						
Day 4	Amoxil						
	Paracetamol						
	Ibuprofen						
Day 5	Amoxil						
	Paracetamol						
	Ibuprofen						
Day 6	Amoxil						
	Paracetamol						
	Ibuprofen						
Day 7	Amoxil						
	Paracetamol						
	Ibuprofen						

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Day							
Day							
Day							
Day							
Day							