# Myofascial Therapy Center

## Patient Medication list/BMI record

**Name** _____ **Date** _____

**Ht** _____ **Wt** _____ **BMI** _____ **Formula: weight (lb) / [height (in)]$^2$ x 703**

| Medication name | Dosage | Frequency | Delivery (i.e. oral, topical, sub-cutaneous, etc) |
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