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# OBERLIN ROAD PEDIATRICS

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## Medicine Instructions For Daycare

\_\_\_\_\_ is a patient at  
*Childs Name*

Oberlin Road Pediatrics

Please give \_\_\_\_\_ and all medications as  
instructed by the parent.

This authorization continues through \_\_\_\_\_  
*Date*

Thank You,

\_\_\_\_\_, M.D.