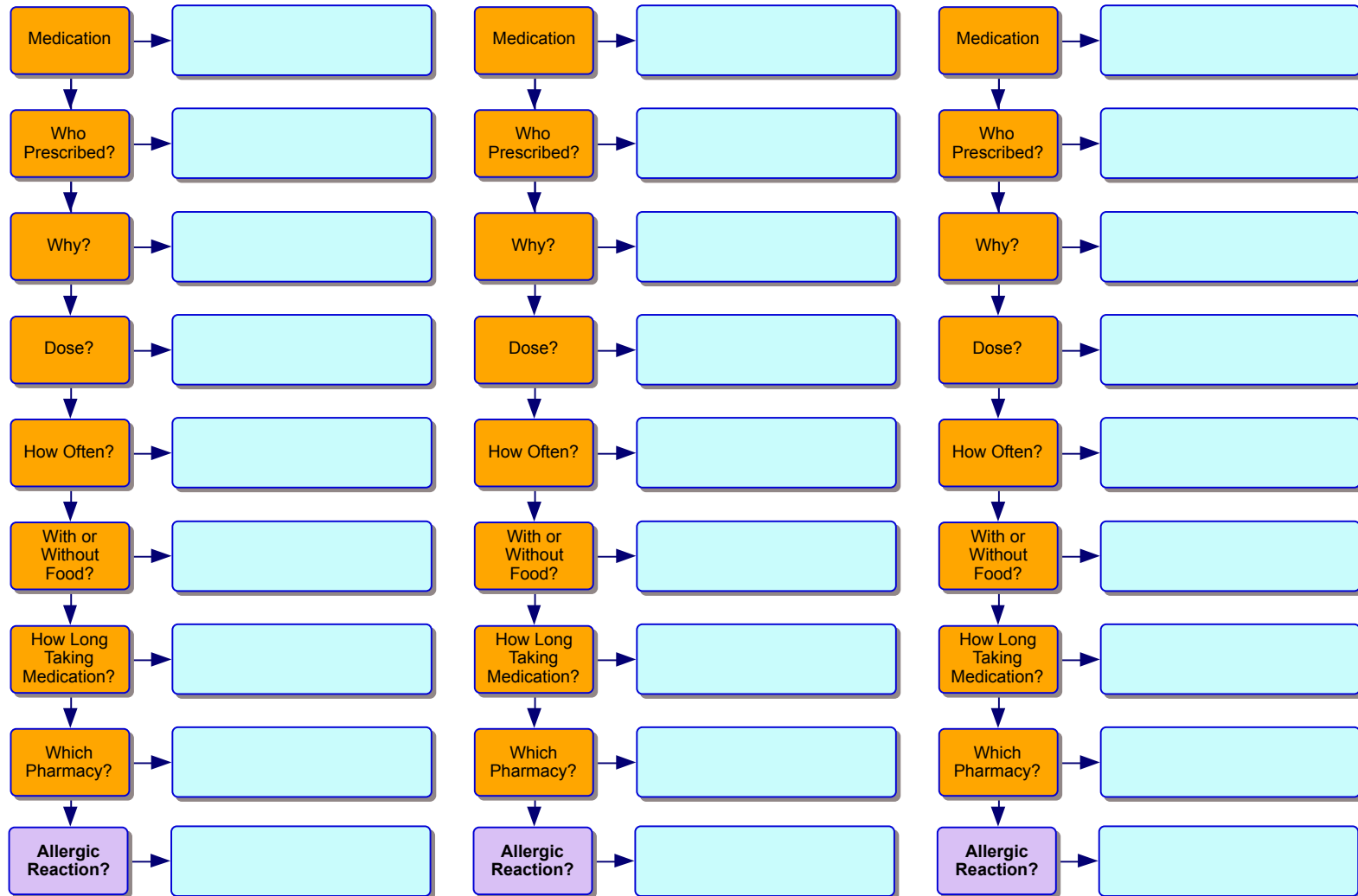


# Medication Census Mind Map

Name \_\_\_\_\_

Sheet \_\_\_\_ of \_\_\_\_



Completed by: \_\_\_\_\_

Date: \_\_\_\_\_