



PEDIATRIC ASSOCIATES
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Acetaminophen/Ibuprofen Order

Name: _____

Date of Birth: _____

Acetaminophen _____ mg every 4 hours as needed
for pain/fever.

Ibuprofen _____ mg every 6-8 hours as needed for
pain/fever.

Name of Licensed Prescriber: _____

M.D. Signature: _____

Date of order: _____

Discontinue date: _____

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