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Under the occupant contract, Ryandale reserves the right to keep a list of resident health conditions and prescriptions. Please list the prescriptions currently being taken (all the information should be printed on the bottle label). Please also list any health conditions applicant does not have a prescription for. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **MEDICINE** | **DOSAGE** | **CONDITION TREATED** | **WHEN PRESCRIBED** | **PRESCRIBING DOCTOR** | **REFILLS REMAINING** |
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**HEALTH CONDITIONS (INCLUDING MENTAL HEALTH)**

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