



Practice Taking Your Medicine

What did you use to numb your mouth?
(Choose one)

Popsicle or Ice chips

What foods did you use?

What drink(s) did you use?

What did you use to drink with?
(Choose one)

Straw or Cup

Which head position do you like the best?
(Choose one)

Up, Down, Left, Right, Center

Which candy did you practice with?

Did you plug your nose?
(Choose one)

Yes or No

Notes from my pharmacist: _____

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University of Iowa
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Children's Hospital



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