

PACKING LIST

CLOTHING

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TOILETRIES

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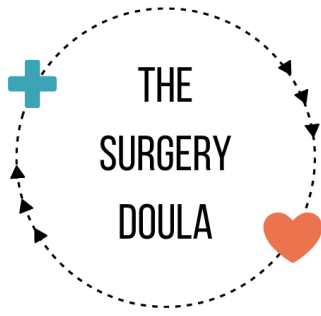
TECHNOLOGY

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MISC.

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NOTES



WEEKLY TO DO'S

MONDAY

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TUESDAY

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WEDNESDAY

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THURSDAY

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FRIDAY

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SATURDAY

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SUNDAY

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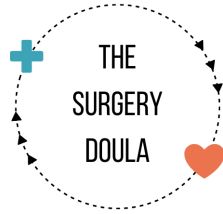
SOMETIME THIS WEEK

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MEDICATION TRACKER

MEDICATION

DOSAGE

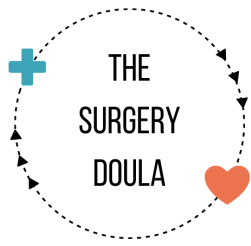
FREQUENCY

MEDICATION TYPE

Write name of medication at the top of each column.

TIME OF LAST DOSE

Keep a record of the time of last dose in the appropriate column.



GROCERY LIST

PRODUCE

CANNED GOODS

OTHERS

- _____
- _____
- _____
- _____
- _____
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CONDIMENTS

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FROZEN FOODS

PANTRY

DAIRY

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