

Pediatric Medication Dosage Chart

Date: _____

Patient Name: _____

Date of Birth: _____

Weight: _____ kg

Medication	Recommended Dosage (mg/kg)	Dosage Range (mg)	Route of Administration	Frequency
Medication A	10	50 - 100	Oral	Every 8 hours
Medication B	5	25 - 50	Injection	Once daily
Medication C	15	75 - 150	Oral	Every 12 hours

Prescribing Physician: _____

Contact Information: _____