

## MEDICATION TRACKER

\* Be sure to include ALL prescription drugs, over-the-counter drugs, vitamins, and herbal supplements.

NAME OF MEDICINE	FORM (pill, injection, liquid, etc)	DOSAGE (usually in mg)	HOW MUCH AND WHEN	USE (regularly or occasionally)	START/STOP DATES (1/5/05-3/5/05) (1/5/05-present)	REASONS FOR USE AND NOTES
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