

Name: _	 	 	
Date:			

## **My Medication List**

Bring a list of all medications that you are currently taking to your doctor's appointment. This includes prescriptions, over-the-counter medications, vitamins, herbs, and nutritional supplements.

	Name	Dose	Frequency	Why I'm taking this medication			
Prescriptions							
•							
•							
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•							
Vitamins							
•							
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•							
Herbs							
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•							
Nutritional supplements							
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