## Medication Chart

Help us care for you better by telling us what prescriptions and over-the-counter medications you take. Update this every time you visit.

| **Prescriptions** | | | | | | |
|---|---|---|---|---|---|---|
| **Name of medicine** | **Dose (total milligrams)** | **How many times per day?** | **When do take it? (Morning and night? After meals?)** | **Who prescribed it for you? (Physician's last name)** | **Why do you take it?** | **Do have any side-effects? Describe them.** |
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| **Over-the-counter medications, herbal remedies, vitamins** | | | | | | |
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