MY CURRENT MEDICATIONS (MEDICINES)
Record prescriptions, over-the-counter medicines, vitamins, herbs, and supplements you currently take.

Name:				
Pharmacy/Location:		Phone:		
Rx Allergies/Reactions:				
DRUG NAME	DATE STARTED	FREQUENCY AND DOSAGE	REASON TAKING	PRESCRIBED BY
Reactions and Side Effects (Frequency/Duration/Seve				
DRUG NAME	DATE STARTED	FREQUENCY AND DOSAGE	REASON TAKING	PRESCRIBED BY
Reactions and Side Effects (Frequency/Duration/Seve				
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