MY PAST MEDICATIONS (MEDICINES)
Record prescriptions, over-the-counter medicines, vitamins, herbs, and supplements you no longer take.

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(Frequency/Duration/Severity)				
DRUG NAME	DATE STARTED/STOPPED	FREQUENCY AND DOSAGE	REASON TAKING	PRESCRIBED BY
DRUG NAME	DAIL SIANILU/ SIUFFEU	TILLQUENCT AIND DUSAGE	ILASUN IAMINU	I NEOCHIDED DI
Departions and Cida Fffeet	<u> </u>			
Reactions and Side Effects (Frequency/Duration/Severity)				
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