**Medication List**

Include over-the-counter medications and supplements.

Make additional copies of this page for future use.

**Allergies:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Medication / Dosage** | **Directions** | **Reasons for Taking** | **Prescribing** |  |
|  |  |  | **Physician** |  |
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