

My Medicines

Including all herbal supplements, vitamins, and over-the-counter medications.

Medicine	Start date	Ordering doctor	Why do I take it?	How much do I take (dose)?	When do I take it?	Do I need to take with food?	Notes
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Reviewed on: _____

Date of flu shot: _____